| Fill in this                            | information to identify your  | case:  |  |                           |   |
|---|---|--|--|---------------------------|---|
| Debtor 1                                | Tadeusz Konopk  |  |  |                           |   |
|   | First Name  | Middle Name  | Last Name  |                           |   |
| Debtor 2<br>(Spouse if, fil             | ing) First Name   | Middle Name  | Last Name  |                           |   |
| United Sta                              | ites Bankruptcy Court for the:  | MIDDLE DISTRICT OF                                       |  |                           |   |
| l                                       |   | · · · · · · · · · · · · · · · · · · ·                    | FEINING TEVANIA  |                           |   |
| Case num                                | ber 5:18-bk-00941   |  |  |                           | k if this is an<br>ded filing   |
|   |   |  |  |                           | ·   |
| Officia                                 | Form 106Sum   |  |  |                           |   |
| Summa                                   | ary of Your Assets a  | nd Liabilities an  | d Certain Statistical Informat   | ion 1                     | 12/15   |
| Be as com<br>information<br>your origin | plete and accurate as possib<br>n. Fill out all of your schedule<br>al forms, you must fill out a r | le. If two married people :                              | are filing together, both are equally respons<br>e information on this form. If you are filing a<br>the box at the top of this page. | مادات و درو               | g correct<br>les after you file   |
| rait i:                                 | Summarize Your Assets   |  |  |                           |   |
| •                                       |   |  | ·  |                           | sete<br>f what you own  |
| 1. Sche<br>1a. C                        | dule A/B: Property (Official Fo   | rm 106A/B) -<br>om Schedule A/B                          |  | \$                        | 189,900.00  |
|   |   |  |  |                           | 8,852.07  |
| 1c. Co                                  | ppy line 63, Total of all property  | on Schedule A/B  |  | \$                        | 198,752.07  |
| Part 2:                                 | Summarize Your Liabilities  |  |  | · —                       |   |
|   | *   |  |  | lete News Inc. v rule.    | A CONTRACT OF THE CONTRACT OF |
| 2. Sched                                | hulo De Conditions Miles Many Cu  |  |  | <b>Your lis</b><br>Amount | bilities<br>you owe   |
| 2a. Co                                  |   | n A, Amount of claim, at th                              | e bottom of the last page of Part 1 of Schedule  | 9 D \$                    | 384,572.00  |
| 3a. Co                                  |   | (priority unsecured claims)                              | from line 6e of Schedule E/F   | \$                        | 0.00  |
| 3b. Co                                  | py the total claims from Part 2   | (nonpriority unsecured cla                               | ims) from line 6j of Schedule E/F  | \$                        | 34,257.96   |
|   |   |  | Your total liabi   | lities \$                 | 418,829.96  |
| Part 3: S                               | ummarize Your Income and E  | xpenses  |  |                           |   |
| 4. <i>Sched</i><br>Copy y               | ule I: Your Income (Official Forr<br>your combined monthly income                                   | n 106l)<br>from line 12 of <i>Schedule I</i> .           |  | \$                        | 1,450.00  |
| 5. <i>Sched</i><br>Copy y               | ule J: Your Expenses (Official Frour monthly expenses from line                                     | form 106J)<br>e 22c of <i>Schedule J</i>                 |  | \$                        | 4,401.00  |
| Part 4: 'A                              | nswer These Questions for A   | dministrative and Statist                                | ical Records   |                           |   |
| S. Are yo                               | u filing for bankruptcy under   | Chapters 7, 11, or 13?                                   | ck this box and submit this form to the court wi   | th your other sche        | edules  |
| ·<br>H Ye                               |   |  |  | , 5 2 5 1101 50110        |   |
|   | sind of debt do you have?   |  |  |                           |   |
| ■ Ye                                    | our debts are primarily consu   | mer debts. Consumer deb<br>101(8). Fill out lines 8-9g f | ots are those "incurred by an individual primarily or statistical purposes. 28 U.S.C. § 159.   | y for a personal, f       | amily, or   |
| □ Y                                     | per disc  | nsumer debts. You have i                                 | nothing to report on this part of the form. Chec   | <i>k this box</i> and sul | omit this form to   |
|   |   |  | es and Certain Statistical Information   | ns                        | age 1 of 2  |

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Case number (if known) 5:18-bk-00941

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

0.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: 9.

| From Part 4 on Schedule E/F, copy the following:  | Total c | laim (2) |
|---|---------|----------|
| 9a. Domestic support obligations (Copy line 6a.)  | \$      | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)   | \$      | 0.00     |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)   | \$      | 0.00     |
| 9d. Student loans. (Copy line 6f.)  | \$      | 0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as<br>priority claims. (Copy line 6g.) | \$      | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)  | +\$     | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.  | \$      | 0.00     |

| Dobtor 1   | Tadawaa K   |  |   |  |  |  |  |
|--|---|--|---|--|--|--|--|
| Debtor 1   | Tadeusz K<br>First Name   |  | le Name   | Last Name  |  |  |  |
| Debtor 2   |   |  |   |  |  |  |  |
| Spouse, if filing)                                   | First Name  | Middl  | e Name  | Last Name  |  |  |  |
| Jnited State   | s Bankruptcy Court f  | or the: MIDDLE D   | ISTRICT OF PENI   | NSYLVANIA  |  |  |  |
| Case numbe   | 5:18-bk-00941   |  |   | ·<br>  |  | Ī  | ☐ Check if this is a<br>amended filing   |
|  | Form 106A/<br>ule A/B: F  | <del>-</del>   |   |  |  |  | 12/15  |
| formation. If<br>swer every                          | more space is needed  | l, attach a separate s   | heet to this form. O  | ople are filing together, both<br>n the top of any additional p  | ages, write your na  | me and case  | number (if known).   |
| ent He Desc  | ribe Each Residence,  | Building, Land, or Of  | ther Real Estate You  | Own or Have an Interest In   |  |  |  |
| · · · · · · · · · · · · · · · · · · ·                | <u></u>   |  |   |  |  |  |  |
| Do you owr   | or have any legal or  |  |   | ing, land, or similar propert  |  |  |  |
| Do you own   | or have any legal or o  |  |   |  |  |  |  |
| Do you owr   | or have any legal or  |  |   |  |  |  |  |
| Do you owr   | or have any legal or o  |  |   |  |  |  |  |
| Do you owr<br>□ No. Go to<br>■ Yes. Wh               | or have any legal or o  |  | any residence, build  | ing, land, or similar propert  |  | i iestii   | CARRAGE SIZE CONTRACTOR  |
| Do you own  No. Go to Yes. Wh                        | or have any legal or one part 2. ere is the property?   | equitable interest in a  | any residence, build  | ing, land, or similar property   | <b>/</b>   |  |  |
| Do you own  No. Go to Yes. Wh                        | or have any legal or o  | equitable interest in a  | what is the prop  | ing, land, or similar property  erty? Check all that apply   | y?<br>Do not deduc   |  | ms or exemptions. Put<br>claims on <i>Schedule D</i> :   |
| Do you own  No. Go to Yes. Wh                        | or have any legal or one part 2. ere is the property? coad Mountain Vie   | equitable interest in a  | what is the prop  | ing, land, or similar property  erty? Check all that apply hily home multi-unit building   | y?<br>Do not deduc<br>the amount o   | of any secured   |  |
| Do you own  No. Go to Yes. Wh                        | or have any legal or one part 2. ere is the property? coad Mountain Vie   | equitable interest in a  | what is the prop<br>Single-fam<br>□ Duplex or   | ing, land, or similar property  erty? Check all that apply   | y?<br>Do not deduc<br>the amount o   | of any secured   | claims on Schedule D:  |
| Do you own  No. Go to Yes. Wh  1  130 Br  Street add | or have any legal or one part 2. ere is the property?  Oad Mountain Viewers, if available, or other decrease.       | equitable interest in a  | What is the prop ■ Single-fam □ Duplex or □ Condomin  | ing, land, or similar property  erty? Check all that apply hily home multi-unit building   | y?<br>Do not deduc<br>the amount o   | of any secured<br>no Have Claim  | claims on Schedule D:  |
| Do you own  No. Go to Yes. Wh  1  130 Br Street add  | or have any legal or one part 2.  ere is the property?  coad Mountain Viewers, if available, or other descriptions. | equitable interest in a sew Drive escription   | What is the prop Single-fam Duplex or Condomin Manufactu  | ing, land, or similar property erty? Check all that apply hilly home multi-unit building ium or cooperative ared or mobile home  | Do not deducthe amount of Creditors With Current valuentier prope  | of any secured<br>no Have Claim<br>ne of the<br>erty?  | claims on Schedule D:<br>s Secured by Property.  Current value of the<br>portion you own?                              |
| Do you own  No. Go to Yes. Wh  1  130 Br  Street add | or have any legal or one part 2. ere is the property?  Oad Mountain Viewers, if available, or other decrease.       | equitable interest in a second of the second | What is the prop Single-fam Duplex or Condomin Manufactu Land Investmen                                 | ing, land, or similar property erty? Check all that apply nily home multi-unit building ium or cooperative ared or mobile home   | Do not deducthe amount of Creditors With Current valuentier prope  | of any secured<br>no Have Claim:<br>ne of the  | claims on Schedule D:<br>s Secured by Properly.<br>Current value of the  |
| Do you own  No. Go to Yes. Wh  1  130 Br Street add  | or have any legal or one part 2.  ere is the property?  coad Mountain Viewers, if available, or other descriptions. | equitable interest in a sew Drive escription   | What is the prop Single-fam Duplex or Condomin Manufactu Land Investmen                                 | ing, land, or similar property erty? Check all that apply nily home multi-unit building ium or cooperative ared or mobile home   | Do not deduct the amount of Creditors Will Current valuentire proper \$185   | of any secured no Have Claims lie of the larty?  | claims on Schedule D: s Secured by Property.  Current value of the portion you own? \$189,900.0  ur ownership interest |
| Do you own  No. Go to Yes. Wh  11  130 Br Street add | or have any legal or one part 2.  ere is the property?  coad Mountain Viewers, if available, or other descriptions. | equitable interest in a sew Drive escription   | What is the prop Single-fam Duplex or Condomin Manufactu Land Investmen Timeshare                       | ing, land, or similar property erty? Check all that apply nily home multi-unit building ium or cooperative ared or mobile home   | Do not deduct the amount of Creditors Will current valuentire proper \$185  Describe the (such as fee                | of any secured no Have Claims lee of the left of the l | claims on Schedule D:<br>s Secured by Property.  Current value of the<br>portion you own? \$189,900.0                  |
| Do you own  No. Go to Yes. Wh  130 Br Street add     | or have any legal or one part 2.  ere is the property?  coad Mountain Viewers, if available, or other descriptions. | equitable interest in a sew Drive escription   | What is the prop Single-fam Duplex or Condomin Manufactu Land Investmen Timeshare                       | ing, land, or similar property erty? Check all that apply hilly home multi-unit building ium or cooperative ared or mobile home at property                                | Do not deduct the amount of Creditors Will current valuentire proper \$185  Describe the (such as fee                | of any secured no Have Claims lee of the left of the l | claims on Schedule D: s Secured by Property.  Current value of the portion you own? \$189,900.0  ur ownership interest |
| Do you own  No. Go to Yes. Wh  11  130 Br Street add | or have any legal or one part 2.  ere is the property?  coad Mountain Viewers, if available, or other descriptions. | equitable interest in a sew Drive escription   | What is the prop Single-fam Duplex or Condomin Manufactu Land Investmen Investmen Other Who has an inte | ing, land, or similar property erty? Check all that apply hilly home multi-unit building ium or cooperative ared or mobile home at property erest in the property? Check o | Do not deduct the amount of Creditors Will current valuentire proper \$185  Describe the (such as fee                | of any secured no Have Claims lee of the left of the l | claims on Schedule D: s Secured by Property.  Current value of the portion you own? \$189,900.0  ur ownership interest |
| Do you own  No. Go to Yes. Wh  130 Br Street add     | or have any legal or one part 2.  ere is the property?  coad Mountain Viewers, if available, or other descriptions. | equitable interest in a sew Drive escription   | What is the prop Single-fam Duplex or Condomin Manufactu Land Investmen Timeshare Other Who has an inte | ing, land, or similar property erty? Check all that apply hilly home multi-unit building ium or cooperative ared or mobile home at property erest in the property? Check o | Do not deduct the amount of Creditors With Current valuentire proper \$185  Describe the (such as fee a life estate) | of any secured no Have Claims are of the erty?  9,900.00  e nature of you simple, tenand, if known.  | claims on Schedule D: s Secured by Property.  Current value of the portion you own? \$189,900.0  ur ownership interest |

| ebto                      | or 1 Tadeus  | sz Konopka   |  | -  |   |   |   |   |
|---------------------------|--|--|--|--|---|---|---|---|
|                           | f you own or   | have more  | than one, lis  |  |   |   |   | er eer e  |
| 2                         |  |  |  | What   | t is the property? Check all that apply   | · · · · · · · · · · · · · · · · · · ·   |   |   |
|                           | Street address, if ava   | ilable, or other des   | scription  |  | Single-family home  | Do not deduct secu  | red clair                               | ms or exemptions. Put claims on Schedule D:   |
|                           | •  | ,  |  |  | Duplex or multi-unit building   | Creditors Who Have  | e Claim                                 | s Secured by Property.  |
|                           |  |  |  |  | Condominium or cooperative  |   |   |   |
|                           |  |  |  |  | Manufactured or mobile home   |   |   | a   |
|                           | Jim Thorpe   | PA   | 18229-000  | ) <b> </b>   | Land  | Current value of the entire property?   | he                                      | Current value of the portion you own?   |
| _                         | Dity   | State  | ZIP Code   |  | Investment property   | \$5,000   | .00                                     | \$5,000.0   |
|                           |  |  |  |  | Timeshare   | Describe the meter  |   | ur ownership interest   |
|                           |  |  |  |  | Other   | (such as fee simpl  | ie, tenai                               | ncy by the entireties, o  |
|                           |  |  |  | Who  | has an interest in the property? Check one<br>Debtor 1 only   | a life estate), if kno  | own.                                    |   |
| (                         | Carbon   |  |  |  | Debtor 2 only   | •   |   | ;   |
| C                         | County   |  |  |  | Debtor 1 and Debtor 2 only  | — Chaalaif thia i   | !o oom=                                 | nunitu proportu   |
|                           |  |  |  |  | At least one of the debtors and another   | (see instructions)  |   | nunity property.  |
|                           |  |  |  |  | r information you wish to add about this it<br>erty identification number:  | em, such as local   |   |   |
|                           |  |  |  |  | ,167 Unclearned, vacant Lot   |   |   |   |
|                           |  |  |  |  |   |   |   |   |
| Αſ                        | dd the dollar v  | alue of the po   | ortion vou owr   | for all of   | your entries from Part 1, including an  | v entries for   | -                                       | ,   |
|                           |  |  |  |  | r here  |   |   | \$194,900.00  |
| μc                        |  | Vahirles   |  |  |   | L   |   |   |
| you<br>leo<br>Car         | u own, lease, o<br>ne else drives.<br>s, vans, trucks  | r have legal of<br>If you lease a  | vehicle, also re   | eport it on S  | ny vehicles, whether they are register<br>Schedule G: Executory Contracts and Ui<br>prcycles  |   | any veh                                 | nicles you own that   |
| you<br>100                | u own, lease, c<br>ne else drives<br>s, vans, trucks<br>lo   | or have legal of<br>If you lease a<br>s, tractors, sp  | vehicle, also re   | eport it on S  | Schedule G: Executory Contracts and Ui  | nexpired Leases.  Do not deduct secu  | ured cla                                | ims or exemptions. Put  |
| t 2:<br>you<br>eoi<br>≎ar | u own, lease, one else drives.  s, vans, trucks  lo  es  Make: Mer   | or have legal of the legal of t | vehicle, also re   | who has a  | Schedule G: Executory Contracts and Ui prcycles in interest in the property? Check one  | nexpired Leases.  Do not deduct secuthe amount of any   | ured clai                               | ims or exemptions. Put<br>t claims on <i>Schedule D</i> :   |
| t 2:<br>you<br>eoi<br>ar  | u own, lease, one else drives.  s, vans, trucks  lo  es  Make: Mer  Model: Sab   | or have legal of<br>If you lease a<br>s, tractors, sp<br>cury  | vehicle, also re   | who has a  | Schedule G: Executory Contracts and Unorcycles  In interest in the property? Check one  | Do not deduct sect<br>the amount of any<br>Creditors Who Hav  | ured clai<br>secured<br>ve Claim        | ims or exemptions. Put<br>I claims on Schedule D<br>Is Secured by Property.   |
| /ou<br>eo<br>ar           | u own, lease, one else drives.  s, vans, trucks  lo  es  Make: Mer  Model: Sab  Year: 200:   | or have legal of if you lease a s, tractors, sp cury le  | vehicle, also re   | Who has a  Debtor  Debtor                                    | Schedule G: Executory Contracts and Unorcycles  In interest in the property? Check one 1 only 2 only  | Do not deduct sectithe amount of any Creditors Who Have Current value of the  | ured clai<br>secured<br>ve Claim        | ims or exemptions. Put<br>t claims on <i>Schedule D</i>   |
| t 2:<br>you<br>eoi<br>≎ar | u own, lease, one else drives.  s, vans, trucks  lo  es  Make: Mer  Model: Sab   | or have legal of fyou lease a stractors, sp  | vehicle, also re   | Who has a  Debtor  Debtor                                    | Schedule G: Executory Contracts and Unorcycles  In interest in the property? Check one  | Do not deduct sect<br>the amount of any<br>Creditors Who Hav  | ured clai<br>secured<br>ve Claim        | ims or exemptions. Put<br>t claims on <i>Schedule D</i><br>as Secured by Property.<br>Current value of the                                |
| t 2:<br>you<br>eoi<br>ar  | u own, lease, one else drives.  s, vans, trucks  lo  es  Make: Mer  Model: Sab  Year: 200: Approximate mili  | or have legal of fyou lease a stractors, sp  | vehicle, also re   | Who has a Debtor Debtor At least                             | Schedule G: Executory Contracts and Unorcycles In interest in the property? Check one 1 only 2 only 1 and Debtor 2 only one of the debtors and another  | Do not deduct sectithe amount of any Creditors Who Have Current value of the  | ured clai<br>secured<br><i>ve Claim</i> | ims or exemptions. Put<br>t claims on <i>Schedule D</i><br>as Secured by Property.<br>Current value of the                                |
| t 2:<br>you<br>eoi<br>ar  | u own, lease, one else drives.  s, vans, trucks  lo  es  Make: Mer  Model: Sab  Year: 200: Approximate mili  | or have legal of fyou lease a stractors, sp  | vehicle, also re   | Who has a Debtor Debtor Debtor At least                      | Schedule G: Executory Contracts and Unorcycles In interest in the property? Check one 1 only 2 only 1 and Debtor 2 only   | Do not deduct sectifie amount of any Creditors Who Have Current value of the entire property?                                 | ured clai<br>secured<br><i>ve Claim</i> | ims or exemptions. Put<br>I claims on <i>Schedule E</i><br>is Secured by Property<br>Current value of the<br>portion you own?             |
| you leo                   | w own, lease, one else drives.  s, vans, trucks  lo  es  Make: Mer  Model: Sab  Year: 200: Approximate mile Other information  tercraft, aircraft  mples: Boats, tr  | cury le 3 eage: n: lue of the pol  | 145,000  nes, ATVs and personal water  | Who has a Debtor Debtor At least (see inst                   | Schedule G: Executory Contracts and Unorcycles  In interest in the property? Check one  1 only 2 only 1 and Debtor 2 only one of the debtors and another  | Do not deduct sectithe amount of any Creditors Who Have Current value of the entire property? \$1,571  accessories coessories | ured clai<br>secured<br><i>ve Claim</i> | ims or exemptions. Put<br>I claims on <i>Schedule D</i><br>is Secured by Property<br>Current value of the<br>portion you own?<br>\$1,571. |
| you leon Car N Y 1        | w own, lease, one else drives.  s, vans, trucks  lo  es  Make: Mer  Model: Sab  Year: 2003  Approximate milio  Other information  tercraft, aircraft  mples: Boats, trucks  lo  es  d the dollar valges you have a | cury le 3 eage: n: lue of the pointtached for F  | 145,000  145,000  nes, ATVs and personal water   | Who has a Debtor Debtor At least Other recrearct, fishing    | orcycles  In interest in the property? Check one  1 only 2 only 1 and Debtor 2 only one of the debtors and another  if this is community property ructions)  reational vehicles, other vehicles, and any vessels, snowmobiles, motorcycle ac- | Do not deduct sectithe amount of any Creditors Who Have Current value of the entire property? \$1,571  accessories coessories | ured clai<br>secured<br><i>ve Claim</i> | ims or exemptions. Put<br>I claims on <i>Schedule Di</i><br><i>is Secured by Property</i> .<br>Current value of the<br>portion you own?   |
| Wating Add page 13:       | w own, lease, one else drives.  s, vans, trucks  lo  es  Make: Mer  Model: Sab  Year: 200: Approximate milio Other informatio  tercraft, aircraf  mples: Boats, tr   | cury le 3 eage: n: lue of the portached for F  | 145,000  145,000  nes, ATVs and personal water the personal water the three th | Who has a Debtor Debtor At least Other recrearcraft, fishing | orcycles  In interest in the property? Check one  1 only 2 only 1 and Debtor 2 only one of the debtors and another  if this is community property ructions)  reational vehicles, other vehicles, and any vessels, snowmobiles, motorcycle ac- | Do not deduct sectithe amount of any Creditors Who Have Current value of the entire property? \$1,571  accessories coessories | ured claimsecured claims.               | ims or exemptions. Put<br>I claims on <i>Schedule Dis</i><br>Secured by Property.  Current value of the<br>portion you own?  \$1,571.0    |

Schedule A/B: Property

| Debtor 1                          | Tadeusz Ko  | onopka   | Case number (if known)            | 5:18-bk-00941                  |
|-----------------------------------|---|--|-----------------------------------|--------------------------------|
| 6. <b>House</b><br>Exam<br>□ No   |   | furnishings<br>inces, furniture, linens, china, kitchenware        |                                   |                                |
|                                   | s. Describe   |  |                                   |                                |
|                                   |   | _  |                                   |                                |
|                                   |   | Kitchen furnishings and appliances                                 |                                   | \$1,000.00                     |
| _                                 |   |  | <u> </u>                          |                                |
|                                   |   | Dining room furnishings  |                                   | \$450.00                       |
| _                                 | <del></del>   |  |                                   |                                |
|                                   |   | Living room furnishings  |                                   | \$800.00                       |
|                                   |   | Living room utmistings   |                                   |                                |
|                                   |   |  |                                   | :                              |
|                                   |   | Bedroom furnishings  |                                   | \$650.00                       |
|                                   |   | ,  | ,                                 |                                |
|                                   |   | Kid's bedroom furnishings  |                                   | \$500.00                       |
|                                   |   |  | <del>_</del>                      |                                |
|                                   |   | Miscellaneous household goods and furnishings                      | <del></del>                       | \$1,000.00                     |
|                                   |   |  |                                   |                                |
| . Electro                         | onice   | •  |                                   |                                |
|                                   | ples: Televisions a                                       | and radios; audio, video, stereo, and digital equipment; compute   | ers, printers, scanners; music co | ollections; electronic devices |
| □ No                              |   | ll phones, cameras, media players, games                           |                                   |                                |
|                                   | s. Describe   |  |                                   |                                |
| - 100                             | s. Describe   | • •  |                                   |                                |
|                                   |   | TV sets, DVD player, DVDs, computer                                |                                   | \$1,000.00                     |
| ■ No                              | other collect   | ions, memorabilia, collectibles                                    |                                   |                                |
|                                   |   |  |                                   | •                              |
| Exam <sub>i</sub>                 | ment for sports a<br>ples: Sports, photo<br>musical instr | ographic, exercise, and other hobby equipment; bicycles, pool ta   | ables, golf clubs, skis; canoes a | and kayaks; carpentry tools;   |
| ■ No                              | s. Describe   |  |                                   |                                |
| L res                             | s. Describe   |  |                                   |                                |
| 0. <b>Firea</b> :<br>Exan<br>■ No |   | es, shotguns, ammunition, and related equipment                    |                                   |                                |
|                                   | s. Describe   |  | •                                 |                                |
| 1. Cloth                          |   | lothes, furs, leather coats, designer wear, shoes, accessories     |                                   |                                |
| □ No                              |   | outlos, toto, totalis, coals, coalgive. Wall, offices, accessories |                                   |                                |
| Yes                               | s. Describe   |  |                                   |                                |
|                                   |   | Men's apparel  |                                   | \$200.00                       |
|                                   |   | ποπο αγγαιοι   |                                   | φ200.00                        |
|                                   |   |  |                                   |                                |
|                                   |   | Kid's apparel  |                                   | \$350.00                       |
|                                   |   |  |                                   |                                |
| 2. Jewe                           | lry   |  |                                   | -14 -49 \frac{1}{2}            |
| Exan                              |   | ewelry, costume jewelry, engagement rings, wedding rings, heirlo   | om jewelry, watches, gems, go     | old, silver                    |
|                                   | B. Describe   |  | -                                 |                                |
| - res                             | Describe  |  |                                   |                                |

Schedule A/B: Property

| No Yes. Give specific information  15. Add the dollar value of all of your entries for Part 3. Write that number here  Part Describe Your Financial Assets  Do you own or have any legal or equitable in 6. Cash  | s from Part 3         | s, including any entries for p                    |                                      | \$6,000.00   |
|---|-----------------------|---|--------------------------------------|--|
| Examples: Dogs, cats, birds, horses  No Yes. Describe  14. Any other personal and household items No Yes. Give specific information  15. Add the dollar value of all of your entries for Part 3. Write that number here  Part Describe Your Financial Assets Do you own or have any legal or equitable in | s from Part 3         | s, including any entries for p                    |                                      | \$6,000.00   |
| ☐ Yes. Give specific information  15. Add the dollar value of all of your entries for Part 3. Write that number here  | s from Part 3         | s, including any entries for p                    |                                      | \$6,000.00   |
| Part 3. Write that number here  Part 2. Describe Your Financial Assets  Do you own or have any legal or equitable in  6. Cash   |                       |   | pages you have attached              | \$6,000.00   |
| Do you own or have any legal or equitable in  | terest in any         | of the following?                                 | ,                                    |  |
| Do you own or have any legal or equitable in  | terest in any         | of the following?                                 |                                      |  |
| 6. Cash   |                       |   | <u> </u>                             | urrent value of the  |
|   |                       |   | pc<br>Dc                             | ontion you own?<br>o not deduct secured<br>aims or exemptions. |
| Examples: Money you have in your wallet, in □ No ■ Yes  |                       |   | hand when you file your petition     |  |
|   |                       |   | Cash on hand                         | \$250.00   |
| Examples: Checking, savings, or other finan institutions. If you have multiple a ☐ No ■ Yes   | accounts with         | the same institution, list each institution name: |                                      |  |
| 17.1. Checking  | g<br>                 | Bank of America                                   |                                      | \$44.04  |
| 17.2. Checking  | g                     | Fidelity Invesments                               |                                      | \$0.00   |
| Custodia<br>17.3. w/ Son  | I Account             | Charles Schwab                                    |                                      | \$129.72   |
| 8. Bonds, mutual funds, or publicly traded st  Examples: Bond funds, investment accounts  No  | ocks<br>with brokerac | ·   | ints                                 |  |
|   | vestments             | •   |                                      | <b>\$1,232.3</b> 1   |
|   |                       |   |                                      | Ψ1,202.0   |
| Fidelity In   | vestments             |   |                                      | \$446.00   |
| Non-publicly traded stock and interests in joint venture  | incorporated          | d and unincorporated busing                       | esses, including an interest in an L | .LC, partnership, and  |
| ■ No  | * *                   |   | 24                                   | ₹ y  |
| ☐ Yes. Give specific information about them  Name of entity:  |                       |   | % of ownership:                      | 2.75   |

Schedule A/B: Property

| E   | ebtor 1                       | Tadeusz Konopka  | Case number (if known)                 | 5:18-bk-00941   |
|-----|-------------------------------|--|--|---|
| 20  | Negotia                       | ment and corporate bonds and other negotiable and non-negotiable instrument able instruments include personal checks, cashiers' checks, promissory notes, and magoriable instruments are those you cannot transfer to someone by signing or delivering.  | onev orders                            |   |
|     | ☐ Yes. (                      | Give specific information about them  Issuer name:   |  |   |
| 21  | . Retirem<br>Examp            | nent or pension accounts<br>les: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other p   | ension or profit-sharing p             | olans   |
|     | ☐ Yes. L                      | ist each account separately.  Type of account: Institution name:   |  |   |
| 22  | Your sh                       | y deposits and prepayments<br>hare of all unused deposits you have made so that you may continue service or use fro<br>les: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telec  | om a company<br>communications compani | es, or others   |
|     | ☐ Yes                         |  |  | •   |
| 23  | . Aπnuitie<br>■ No            | es (A contract for a periodic payment of money to you, either for life or for a number of  | f years)                               |   |
|     | ☐ Yes                         | lssuer name and description.   |  |   |
| 24  | 26 U.S.C                      | s in an education IRA, in an account in a qualified ABLE program, or under a qualified ABLE program and a qualified | alified state tuition prog             | gram.   |
|     | ■ No<br>□ Yes                 | Institution name and description. Separately file the records of any interest.   | ests.11 U.S.C. § 521(c):               |   |
| 25. | Trusts,                       | equitable or future interests in property (other than anything listed in line 1), and  | d rights or powers exer                | cisable for your benefit  |
|     | _ ```                         | Give specific information about them   | · ·                                    | ٠.  |
| 26. | _Example                      | copyrights, trademarks, trade secrets, and other intellectual property es: Internet domain names, websites, proceeds from royalties and licensing agreemer   | <br>nts                                |   |
|     | ■ No <sup>,</sup><br>□ Yes. ( | Give specific information about them   |  | ,   |
|     | Example<br>■ No               | s, franchises, and other general intangibles es: Building permits, exclusive licenses, cooperative association holdings, liquor licens Give specific information about them  | ses, professional license              | S   |
| M   | oney or p                     | roperty owed to you?   |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|     |                               | nds owed to you  |  |   |
|     | ■ No<br>□ Yes. G              | ive specific information about them, including whether you already filed the returns an  | nd the tax years                       |   |
| 29. | Family s<br>Example<br>■ No   | upport<br>es: Past due or lump sum alimony, spousal support, child support, maintenance, divor   | ce settlement, property s              | ettlement   |
|     | □ Yes. G                      | ive specific information   |  |   |
|     | Example<br>                   | nounts someone owes you<br>es: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation<br>benefits; unpaid loans you made to someone else   | n pay, workers' compens                | ation, Social Security  |
|     | ■ No.<br>□ Vec. G             | live specific information  | •                                      |   |
|     | ш теs. С                      | Rive specific information  | 25.5%                                  |   |

Schedule A/B: Property

| Debtor 1                         | Tadeusz Konopka   | Case number (if known)                        | 5:18-bk-00941              |
|----------------------------------|---|---|----------------------------|
|                                  | sts in insurance policies<br>oles: Health, disability, or life insurance; health savings account (HSA)  | credit homeowner's or renter's insurar        | nce                        |
| ■ No                             | bros. Freaking diseasing, or the modification, meditin savings account (1107)   | , creat, nomeowici 3, or renter 3 modul       | 100                        |
|                                  | Name the insurance company of each policy and list its value.<br>Company name:  | Beneficiary:                                  | Surrender or refund value: |
| If you a                         | terest in property that is due you from someone who has died<br>are the beneficiary of a living trust, expect proceeds from a life insuran<br>one has died. | nce policy, or are currently entitled to reco | eive property because      |
| ■ No                             |   |   |                            |
| ☐ Yes.                           | Give specific information   |   | ÷                          |
| Examp<br>■ No                    | s against third parties, whether or not you have filed a lawsuit or roles: Accidents, employment disputes, insurance claims, or rights to su                |   | e<br>P                     |
| ☐ Yes.                           | Describe each claim   | ,   |                            |
| 4. Other o                       | contingent and unliquidated claims of every nature, including cou   | interclaims of the debtor and rights to       | set off claims             |
| ☐ Yes.                           | Describe each claim   |   | • .                        |
| 5. Any fin                       | nanciał assets you did not already list   |   |                            |
| ■ No                             | •   |   |                            |
| ☐ Yes.                           | Give specific information   |   |                            |
|                                  | the dollar value of all of your entries from Part 4, including any en   |   | . \$2,102.0                |
| art 5: Des                       | scribe Any Business-Related Property You Own or Have an interest In. Lis  | t any real estate in Part 1.                  | ·                          |
| . Do you d                       | own or have any legal or equitable interest in any business-related propert   | y?  |                            |
| ■ No. Go                         | o to Part 6.  |   | :                          |
| ☐ Yes. G                         | Go to line 38.  |   | •                          |
|                                  |   |   |                            |
|                                  | scribe Any Farm- and Commercial Fishing-Related Property You Own or H<br>ou own or have an interest in farmland, list it in Part 1.                         | ave an Interest In.                           |                            |
| _ ′                              | ı own or have any legal or equitable interest in any farm- or comm<br>Go to Part 7.   | nercial fishing-related property?             | •                          |
|                                  | Go to line 47.  |   |                            |
| art 7:                           | Describe All Property You Own or Have an Interest in That You Did Not L   | ist Above                                     |                            |
| 3. <b>Do you</b><br><i>Examp</i> | have other property of any kind you did not already list?  bles: Season tickets, country club membership  |   |                            |
| ■ No                             |   |   |                            |
| ☐ Yes.                           | Give specific information   |   |                            |
| i4. <b>∆</b> dd±                 | the dollar value of all of your entries from Part 7. Write that numbe   | er here                                       | \$0.0                      |
| , , , , , ,                      | and women sures of an or your orange month again, which that frames   |   | Ψοιο                       |
|                                  |   |   |                            |

Schedule A/B: Property

| Deb  | otor 1 | Tadeusz Konopka                                      |   |            | Case number (if known) | 5:18-bk-00941 |  |
|------|--------|--|---|------------|------------------------|---------------|--|
| Part | 8:     | List the Totals of Each Part of this Form            |   |            |                        |               |  |
| 55.  | Part   | 1: Total real estate, line 2                         |   |            |                        | \$194,900.00  |  |
| 56.  | Part : | 2: Total vehicles, line 5                            |   | \$1,571.00 |                        | <del></del>   |  |
| 57.  | Part : | 3: Total personal and household items, line 15       |   | \$6,000.00 |                        |               |  |
| 58.  | Part   | 4: Total financial assets, line 36                   |   | \$2,102.07 | •                      | •             |  |
| 59.  | Part   | 5: Total business-related property, line 45          |   | \$0.00     |                        |               |  |
| 60.  | Part   | 6: Total farm- and fishing-related property, line 52 |   | \$0.00     |                        |               |  |
| 61.  | Part ' | 7: Total other property not listed, line 54          | + | \$0.00     |                        |               |  |

\$9,673.07

62. Total personal property. Add lines 56 through 61...

\$204,573.07

\$9,673.07

Copy personal property total

| Fill in this infor  | mation to identify your  | case:              |              |   |
|---------------------|--------------------------|--------------------|--------------|---|
| Debtor 1            | Tadeusz Konopka          | 3                  |              |   |
|                     | First Name               | Middle Name        | Last Name    |   |
| Debtor 2            |                          |                    |              |   |
| (Spouse if, filing) | First Name               | Middle Name        | Last Name    |   |
| United States Ba    | ankruptcy Court for the: | MIDDLE DISTRICT OF | PENNSYLVANIA |   |
| _                   | 5:18-bk-00941            |                    |              |   |
| (if known)          |                          |                    |              | ☐ Check if this is an<br>amended filing |
| _                   |                          |                    |              | <br>amended illing                      |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as E  | xempt   |        |   |                                    |  |  |  |  |
|---|---|--------|---|------------------------------------|--|--|--|--|
| Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you. |   |        |   |                                    |  |  |  |  |
| ☐ You are claiming state and federal nonban   | kruptcy exemptions.   | 11 U.S | S.C. § 522(b)(3)  |                                    |  |  |  |  |
| You are claiming federal exemptions. 11 l   | J.S.C. § 522(b)(2)  |        | •   |                                    |  |  |  |  |
| 2. For any property you list on Schedule A/B  | that you claim as exe   | empt,  | fill in the information below.                                      |                                    |  |  |  |  |
| Brief description of the property and line on<br>Schedule A/B that lists this property            | Current value of the portion you own Copy the value from Schedule A/B |        | ount of the exemption you claim ck only one box for each exemption. | Specific laws that allow exemption |  |  |  |  |
| 130 Broad Mountain View Drive Jim   | \$189,900.00  |        | \$0.00  | 11 U.S.C. § 522(d)(1)              |  |  |  |  |
| Thorpe, PA 18229 Carbon County Line from Schedule A/B: 1.1  |   |        | 100% of fair market value, up to any applicable statutory limit     |                                    |  |  |  |  |
| Jim Thorpe, PA 18229 Carbon<br>County   | \$5,000.00  |        | \$5,000.00  | 11 U.S.C. § 522(d)(1)              |  |  |  |  |
| 166,167 Unclearned, vacant Lot<br>Line from <i>Schedule A/B</i> : 1.2                             |   |        | 100% of fair market value, up to any applicable statutory limit     |                                    |  |  |  |  |
| 2003 Mercury Sable 145,000 miles<br>Line from Schedule A/B: 3.1                                   | \$1,571.00  |        | \$1,571.00  | 11 U.S.C. § 522(d)(2)              |  |  |  |  |
| Line from Saleatile Arb. 3.1  |   |        | 100% of fair market value, up to any applicable statutory limit     | ,                                  |  |  |  |  |
| Kitchen furnishings and appliances  | \$1,000.00  |        | \$1,000.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |  |
| Life from Schedule AVD. 6.1   |   |        | 100% of fair market value, up to any applicable statutory limit     | -                                  |  |  |  |  |
| Dining room furnishings   | \$450.00  |        | \$450.00  | 11 U.S.C. § 522(d)(3)              |  |  |  |  |
| Line from Schedule A/B: 6.2   |   |        | 100% of fair market value, up to any applicable statutory limit     |                                    |  |  |  |  |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 3

| D | ebtor i _iadeusz Konopka  |                                      |     | Case number (if known)  | 5:18-DK-00941                      |
|---|---|--------------------------------------|-----|---|------------------------------------|
|   | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | da  | ount of the exemption you claim                                 | Specific laws that allow exemption |
|   |   | Copy the value from<br>Schedule A/B  | Che | eck only one box for each exemption.                            |                                    |
|   | Living room furnishings Line from Schedule A/B: 6.3                                 | \$800.00                             |     | \$800.00  | 11 U.S.C. § 522(d)(3)              |
|   | Line from Schedule Arb. 0.3   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | Bedroom furnishings Line from Schedule A/B: 6.4                                     | \$650.00                             | •   | \$650.00  | 11 U.S.C. § 522(d)(3)              |
|   |   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | Kid's bedroom furnishings Line from Schedule A/B: 6.5                               | \$500.00                             |     | \$500.00  | 11 U.S.C. § 522(d)(3)              |
|   |   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | Miscellaneous household goods and furnishings                                       | \$1,000.00                           |     | \$1,000.00  | 11 U.S.C. § 522(d)(3)              |
|   | Line from Schedule A/B: 6.6   |                                      |     | 100% of fair market value, up to any applicable statutory limit | ••                                 |
|   | TV sets, DVD player, DVDs, computer Line from Schedule A/B: 7.1                     | \$1,000.00                           |     | \$1,000.00  | 11 U.S.C. § 522(d)(3)              |
|   |   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | Men's apparel Line from Schedule A/B: 11.1  | \$200.00                             |     | \$200.00  | 11 U.S.C. § 522(d)(3)              |
|   |   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | Kid's apparel Line from Schedule A/B: 11.2  | \$350.00                             |     | \$350.00  | 11 U.S.C. § 522(d)(3)              |
|   | •   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | Men's watch Line from Schedule A/B: 12.1  | \$50.00                              |     | \$50.00   | 11 U.S.C. § 522(d)(4)              |
|   |   |                                      | . 🗆 | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | Cash on hand Line from Schedule A/B: 16.1   | \$250.00                             |     | \$250.00  | 11 U.S.C. § 522(d)(5)              |
|   |   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| - | Checking: Bank of America Line from Schedule A/B: 17.1                              | \$44.04                              |     | \$44.04   | 11 U.S.C. § 522(d)(5)              |
|   |   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | Checking: Fidelity Invesments Line from Schedule A/B: 17.2                          | \$0.00                               |     | \$0.00  | 11 U.S.C. § 522(d)(5)              |
|   | and some some some some   |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | Custodial Account w/ Son: Charles<br>Schwab   | \$129.72                             | . = | \$129.72  | 11 U.S.C. § 522(d)(5)              |
| ~ | Line from Schedule A/B: 17.3  | ٠.                                   |     | 100% of fair market value, up to any applicable statutory limit |                                    |
|   | -   |                                      |     | -   |                                    |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 2 of 3

| Debtor 1  | ebtor 1 Tadeusz Konopka   |                                 |                                    | Case number (if known)  | vn) <b>5:18-bk-00941</b> |  |
|---|---|---------------------------------|------------------------------------|---|--------------------------|--|
| Sch   | f description of the property and line on edule A/B that lists this property  | ount of the exemption you claim | Specific laws that allow exemption |   |                          |  |
| Fidelity Investments Line from Schedule A/B: 18.1 |   | \$1,232.31 <b>■</b> \$1,23      |                                    | <b>\$1,232.3</b> 1  | 11 U.S.C. § 522(d)(5)    |  |
| Lille   | Total conclude (VL)   |                                 |                                    | 100% of fair market value, up to any applicable statutory limit | •                        |  |
|   | elity investments   | \$446.00                        |                                    | \$446.00  | 11 U.S.C. § 522(d)(5)    |  |
| Line  | TION CONCUENTS PAD. 10.2  |                                 |                                    | 100% of fair market value, up to any applicable statutory limit |                          |  |
| 3. Are<br>(Sub                                    | you claiming a homestead exemption o<br>ject to adjustment on 4/01/19 and every 3<br>No<br>Yes. Did you acquire the property covered<br>No  Yes | years after that for ca         | ses fi                             |   |                          |  |

| Fill in this informatio                        | n to identify yo     | our case:   |   |   |  |                                    |
|--|----------------------|---|---|---|--|------------------------------------|
|  | adeusz Kono          | pka   | ·   |   |  |                                    |
| Fir<br>Debtor 2                                | st Name              | Middle Name   | Last Name                                     |   | -  |                                    |
|  | st Name              | Middle Name   | Last Name                                     | <del>-</del>  | -  |                                    |
| United States Bankrup                          | otcy Court for the   | e: MIDDLE DISTRICT OF F   |   |   |  |                                    |
| Case number 5:18-                              | bk-00941             | •   |   | <del>-</del>  |  |                                    |
| (if known)                                     | DK-00941             |   |   |   | ☐ Check  | if this is an                      |
|  |                      |   |   |   | _  | ded filing                         |
| Official Form 10                               | )6D                  |   |   |   |  |                                    |
|  | <del></del>          | s Who Have Clair  | me Secured                                    | by Propert  | .,   | 40/45                              |
|  |                      | <del></del>   |   |   |  | 12/15                              |
| is needed, copy the Addi<br>number (if known). | tional Page, fill it | If two married people are filing out, number the entries, and att               | together, both are equach it to this form. On | ially responsible for su<br>the top of any addition | ipplying correct informa<br>nal pages, write your na | tion. If more space<br>me and case |
| 1. Do any creditors have                       | claims secured b     | y your property?  | •   |   |  | •                                  |
|  |                      | this form to the court with your  | other schedules. Yo                           | u have nothing else t                               | e report on this form                                |                                    |
| Yes. Fill in all of                            |                      |   |   | a navo noming olde (                                | o report on this form.                               |                                    |
| Part 1: List All Sec                           |                      |   |   |   |  |                                    |
|  |                      | more than one secured claim, list t   | ibo overlite a service le                     | Column A  | Column B   | Column C                           |
| tor each claim. If more tha                    | an one creditor ha   | s a particular claim, list the other of<br>ical order according to the creditor | reditors in Part 2 Ac                         | Amount of claim<br>Do not deduct the                | Value of collateral that supports this               | Unsecured portion                  |
| 2.1 Bank of Ameri                              | ca                   | Describe the property that sec  | cures the claim:                              | value of collateral.<br>\$363,819.00                | claim<br>\$189,900.00                                | If any<br>\$173,919.00             |
| Creditor's Name                                |                      | 130 Broad Mountain Vie<br>Thorpe, PA 18229 Carb                                 | ew Drive Jim<br>eon County                    | · .   |  | <b>,</b>                           |
| PO Box 982238                                  | 2                    | As of the date you file, the clai   | im is: Check all that                         |   |  |                                    |
| El Paso, TX 79                                 |                      | apply.<br>☐ Contingent  |   |   |  |                                    |
| Number, Street, City, St                       |                      | ☐ Unliquidated  |   |   |  |                                    |
|  | -                    | Disputed  |   |   |  |                                    |
| Who owes the debt? Ci                          | neck one.            | Nature of lien. Check all that a  | pply.   | 1   |  |                                    |
| Debtor 1 only                                  |                      | An agreement you made (suc  | ch as mortgage or secu                        | red   |  |                                    |
| Debtor 2 only                                  |                      | car loan)   | •   |   |  |                                    |
| Debtor 1 and Debtor 2                          |                      | Statutory lien (such as tax lie   |   |   |  |                                    |
| At least one of the debt                       |                      | Judgment lien from a lawsuit  |   |   |  |                                    |
| community debt                                 | ales to a            | Other (including a right to offs  | set)  |   |  |                                    |
| Date debt was incurred                         |                      | Last 4 digits of account  | number 2368                                   |   |  | ,                                  |
| 2.2 PHFA-HEMAP                                 |                      | Describe the property that sec  | ures the claim:                               | \$20,753.00   | \$0.00   | \$20,753.00                        |
| Creditor's Name                                |                      | Home equity loan  |   | 420)100100  |  | ΨΕ0,100.00                         |
|  |                      |   |   |   |  |                                    |
| РО Вох   |                      | As of the date you file, the clair  | m is: Check all that                          |   |  |                                    |
| Harrisburg, PA                                 | 17102                | apply.  |   |   |  |                                    |
| Number, Street, City, Sta                      |                      | Unliquidated  |   |   |  |                                    |
|  | are a cip door       | ☐ Disputed  |   | •   |  |                                    |
| Who owes the debt? Ch                          | eck one.             | Nature of lien. Check all that ap   | oply.   |   |  |                                    |
| Debtor 1 only                                  |                      | An agreement you made (suc  | h as mortgage or secur                        | ed  |  |                                    |
| Debtor 2 only                                  |                      | car loan)   |   | νų.   |  |                                    |
| Debtor 1 and Debtor 2 o                        |                      | Statutory lien (such as tax lier  | n, mechanic's lien)                           |   |  |                                    |
| At least one of the debto                      |                      | U Judgment lien from a lawsuit  |   |   |  | •                                  |
| $\square$ Check if this claim rela             | ates to a            | Other (including a right to offs  | et)   |   |  |                                    |
| community debt                                 |                      |   |   |   |  |                                    |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

First Name

Middle Name

\_\_\_\_\_ Case number (if know)

5:18-bk-00941

Add the dollar value of your entries in Column A on this page. Write that number here: If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$384,572.00 \$384,572.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Last Name

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

page 2 of 2

| Fill in this i     | nformation to identify your   | case:                             |                                     |                                     |                           |
|--------------------|---|-----------------------------------|-------------------------------------|-------------------------------------|---------------------------|
| Debtor 1           | Tadeusz Konopk  |                                   | <u> </u>                            | _                                   |                           |
|                    | First Name  | Middle Name                       | Last Name                           |                                     |                           |
| Debtor 2           |   |                                   |                                     |                                     |                           |
| (Spouse if, filing | j) First Name   | Middle Name                       | Last Name                           |                                     |                           |
| United State       | es Bankruptcy Court for the:  | MIDDLE DISTRICT OF P              | PENNSYLVANIA                        | <u> </u>                            |                           |
| Case number        | er 5:18-bk-00941  |                                   | ,                                   |                                     | •                         |
| (if known)         |   |                                   |                                     |                                     | Check if this is an       |
|                    |   |                                   |                                     |                                     | amended filing            |
| Official F         | Form 106E/F   |                                   |                                     |                                     |                           |
|                    | le E/F: Creditors W   | ho Have Unsecu                    | red Claime                          |                                     | 12/15                     |
|                    | te and accurate as possible. Us   | <del></del>                       |                                     | r. St. HOMBBOOKER                   |                           |
| name and cas       | e Continuation Page to this pag<br>se number (if known).<br>ist All of Your PRIORITY Un                           |                                   | es report in a rang do not life in  | at a series top of any aut          | P-3-01                    |
| 1. Do any c        | reditors have priority unsecure   | d claims against you?             |                                     | -                                   |                           |
| ■ No. G            | o to Part 2.  |                                   |                                     |                                     |                           |
| ☐ Yes.             |   |                                   |                                     |                                     |                           |
| Part 2: L          | ist All of Your NONPRIORIT  | Y Unsecured Claims                |                                     |                                     |                           |
| 3. Do any c        | reditors have nonpriority unsec   | cured claims against you?         |                                     |                                     |                           |
| □ No. Yo           | ou have nothing to report in this p   | art. Submit this form to the cour | t with your other schedules.        | •                                   |                           |
| Yes.               | •   | •                                 |                                     | • •                                 |                           |
| unsecure           | f your nonpriority unsecured cl<br>d claim, list the creditor separately<br>creditor holds a particular claim, li | for each claim. For each claim    | listed, identify what type of claim | t is. Do not list claims afready in | cluded in Part 1. If more |
|                    |   |                                   |                                     | <i>:</i>                            | Total claim               |
| 4.1 Am             | erican Express  | Last 4 digits o                   | of account number                   | 1                                   | \$11,559.87               |
| 2 (111             | priority Creditor's Name  |                                   |                                     | <del></del>                         | ψ11,000.02                |
|                    | Box 981537  | When was the                      | debt incurred?                      |                                     |                           |
|                    | Paso, TX 79998<br>ber Street City State Zlp Code  | Δe of the date                    | you file, the claim is: Check all   | that annly                          |                           |
|                    | incurred the debt? Check one.   | As of the date                    | you me, the claim is. Oneck and     | τιαι αρριγ                          |                           |
|                    | Pebtor 1 only   | ☐ Contingent                      |                                     |                                     |                           |
|                    | Pebtor 2 only   | □ Unliquidate                     |                                     |                                     |                           |
|                    | Debtor 1 and Debtor 2 only  | ☐ Disputed                        | :                                   |                                     |                           |
|                    | it least one of the debtors and and   |                                   | RIORITY unsecured claim:            |                                     |                           |
|                    | heck if this claim is for a com   | П                                 |                                     |                                     |                           |
| debt               |   |                                   | arising out of a separation agreer  | nent or divorce that you did not    |                           |
| Is the             | e claim subject to offset?  | report as priorit                 | ty claims                           | ·                                   |                           |
| ■ N                | lo  | Debts to pe                       | nsion or profit-sharing plans, and  | other similar debts                 |                           |
| ΠY                 | 'es   | Other, Spec                       | cify Credit card                    |                                     |                           |

| _ 00.0. | 1 Tadeusz Konopka   | Case number (if know) 5:18-bk-0094  | <u> </u>    |
|---------|---|---|-------------|
| 4.2     | ARSI Nonpriority Creditor's Name  | Last 4 digits of account number 2331  | \$0.00      |
|         | 555 St. Charles Drive<br>STE 100  | When was the debt incurred?   |             |
| -       | Thousand Oaks, CA 91360  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |             |
|         | Debtor 1 only   | ☐ Contingent  |             |
|         | Debtor 2 only   | ☐ Unliquidated  |             |
|         | Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |
|         | At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |
|         | Check if this claim is for a community  | ☐ Student loans   |             |
|         | debt<br>Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | ÷           |
|         | ■ No  | Debts to pension or profit-sharing plans, and other similar debts                                       | ,           |
| *       | ☐ Yes   | Other Specify Collecting for American Express   |             |
| 1.3     | Bank of America Nonpriority Creditor's Name   | Last 4 digits of account number 8345  | \$12,913.78 |
|         | PO Box 982238<br>El Paso, TX 79998  | When was the debt incurred?   | •           |
|         | Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |             |
|         | Who incurred the debt? Check one.   | _   |             |
|         | Debtor 1 only   | ☐ Contingent  |             |
|         | Debtor 2 only   | ☐ Unliquidated  |             |
|         | Debtor 1 and Debtor 2 only  | ☐ Disputed  |             |
|         | At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  Student loans   |             |
|         | Check if this claim is for a community debt   | •   |             |
|         | Is the claim subject to offset?   | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|         | ■ No  | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|         | Yes   | Other Specify Credit card   |             |
| .4      | HSBC Bank Nevada, N.A.  | Last 4 digits of account number 0282  | \$1,661.74  |
|         | Nonpriority Creditor's Name<br>7575 Norman Rockwell Ln Suite 110                              | When was the debt incurred?   |             |
| _       | Las Vegas, NV 89143  Number Street City State Zlp Code  Who incurred the debt? Check one.     | As of the date you file, the claim is: Check all that apply   |             |
|         | ■ Debtor 1 only   | ☐ Contingent  |             |
|         | Debtor 2 only   | ☐ Unliquidated  |             |
|         | Debtor 1 and Debtor 2 only  | □ Disputed  |             |
|         | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured claim:  |             |
|         | Check if this claim is for a community  | ☐ Student loans   |             |
|         | debt Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |             |
|         | ■ No  | Debts to pension or profit-sharing plans, and other similar debts                                       |             |
|         | ****  | Other Specify Credit card   |             |

Official Form 106 E/F

| eptor | 1 Tadeusz Konopka   | Case number (if know) <u>5:18-bk-00941</u>  |            |
|-------|---|---|------------|
| .5    | Jill Jenkins, Esquire   | Last 4 digits of account number   | Unknown    |
|       | Nonpriority Creditor's Name 701 Market ST STE 5000                            | When was the debt incurred?   |            |
|       | Philadelphia, PA 19106  |   |            |
| -     | Number Street City State Zlp Code   | As of the date you file, the claim is: Check all that apply   |            |
|       | Who incurred the debt? Check one.   |   |            |
|       | Debtor 1 only   | ☐ Contingent  |            |
|       | Debtor 2 only   | ☐ Unliquidated  |            |
|       | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|       | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community                                      | ☐ Student loans   |            |
|       | debt Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|       | ■ No  | Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|       | Yes   | Other. Specify Attorney for Bank of America   |            |
| 6     | Lehighton Area Ambulance Assoc.   | Last 4 digits of account number 0781  | - \$621.65 |
|       | Nonpriority Creditor's Name   | 0761  | 4021100    |
|       | 516 Iron St.  | When was the debt incurred?   |            |
|       | Lehighton, PA 18235 .  Number Street City State Ztp Code                      | As of the date way file the plains in Object will that such   | 4          |
|       | Who incurred the debt? Check one.   | As of the date you file, the claim is: Check all that apply   | -          |
|       | ■ Debtor 1 only   | ☐ Contingent  |            |
|       | Debtor 2 only   | ☐ Unliquidated  |            |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|       |   | Type of NONPRIORITY unsecured claim:  |            |
|       | At least one of the debtors and another                                       | Student loans   | *          |
|       | ☐ Check if this claim is for a community debt Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|       | No  | Debts to pension or profit-sharing plans, and other similar debts                                       | ,          |
|       | ☐ Yes   | Other Specify Medical   |            |
|       |   |   |            |
| 7     | Linebarger Goggan Blair & Sampson,  | Last 4 digits of account number 5190  | \$0.00     |
|       | Nonpriority Creditor's Name PO Box 90127 Harrisburg, PA 17109                 | When was the debt incurred?   |            |
| _     | Number Street City State Zlp Code Who incurred the debt? Check one.           | As of the date you file, the claim is: Check all that apply   |            |
|       | Debtor 1 only   | ☐ Contingent  |            |
|       | Debtor 2 only   | ☐ Unliquidated  | •          |
|       | Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|       | ☐ At least one of the debtors and another                                     | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community                                      | ☐ Student loans   |            |
|       | debt Is the claim subject to offset?  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|       | ■ No  | Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|       | ☐ Yes   | Collecting for the PA Department of Revenue   |            |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Page 3 of 7

| Debte | or 1 Tadeusz Konopka   | Case number (if know) 5:18-bk-00941   |            |
|-------|--|---|------------|
| 4.8   | Marty Axman of the Poconos  Nonpriority Creditor's Name        | Last 4 digits of account number 970   | \$3,015.00 |
|       | 342 Sugar Pine Road Jim Thorpe, PA 18229                       | When was the debt incurred?   |            |
|       | Number Street City State Zlp Code                              | As of the date you file, the claim is: Check all that apply   |            |
|       | Who incurred the debt? Check one.                              |   |            |
|       | Debtor 1 only  | ☐ Contingent  | •          |
|       | Debtor 2 only  | ☐ Unliquidated  |            |
|       | Debtor 1 and Debtor 2 only                                     | ☐ Disputed  |            |
|       | At least one of the debtors and another                        | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community                       | ☐ Student loans   |            |
|       | debt<br>Is the claim subject to offset?                        | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|       | ■ No   | Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|       | □Yes   | Other. Specify Road Maintenance   |            |
| 4.9   | Midland Credit Management, Inc. Nonpriority Creditor's Name    | Last 4 digits of account number 6685  | \$0.00     |
|       | PO Box 60578   | When was the debt incurred?   |            |
|       | Los Angeles, CA 90060  |   |            |
|       | Number Street City State Zip Code                              | As of the date you file, the claim is: Check all that apply   |            |
|       | Who incurred the debt? Check one.                              |   |            |
|       | Debtor 1 only  | Contingent  |            |
|       | Debtor 2 only  | Unliquidated  |            |
|       | Debtor 1 and Debtor 2 only                                     | Disputed  |            |
|       | At least one of the debtors and another                        | Type of NONPRIORITY unsecured claim:  |            |
| •     | Check if this claim is for a community                         | ☐ Student loans   |            |
|       | debt Is the claim subject to offset?                           | Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|       | ■ No   | Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|       | ☐ Yes  | ■ Other. Specify Collecting for HSBC Bank Nevada  |            |
| 4.1   | -  | · · ·   |            |
| 0     | Midland Credit Management, Inc.                                | Last 4 digits of account number 9738  | \$0.00     |
|       | Nonpriority Creditor's Name PO Box 60578 Los Angeles, CA 90060 | When was the debt incurred?   |            |
|       | Number Street City State Zlp Code                              | As of the date you file, the claim is: Check all that apply   |            |
|       | Who incurred the debt? Check one.                              |   |            |
|       | ■ Debtor 1 only  | ☐ Contingent  |            |
|       | Debtor 2 only  | ☐ Unfiquidated  |            |
|       | ☐ Debtor 1 and Debtor 2 only                                   | ☐ Disputed  |            |
|       | At least one of the debtors and another                        | Type of NONPRIORITY unsecured claim:  |            |
|       | ☐ Check if this claim is for a community                       | ☐ Student loans   |            |
|       | debt   | $\square$ Obligations arising out of a separation agreement or divorce that you did not                 |            |
|       | Is the claim subject to offset?                                | report as priority claims   |            |
|       | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                     |            |
|       | ☐Yes   | Other. Specify Collecting for Bank of America   |            |
|       |  |   |            |

| Debtor 1      | Tadeusz Konopka  | Case number (if know   | 5:18-bk-00941                         |
|---------------|--|--|---------------------------------------|
| 1.1           | New York Brookstories Heavital                                       | 7004   | \$24 E0                               |
|               | New York Presbyterian Hospital Nonpriority Creditor's Name           | Last 4 digits of account number 7624   | \$31.69                               |
|               | 5141 Broadway<br>New York, NY 10034                                  | When was the debt incurred?  |                                       |
| -             | Number Street City State Zip Code                                    | As of the date you file, the claim is: Check all that apply  |                                       |
| 1             | Who incurred the debt? Check one.                                    |  | •                                     |
| I             | Debtor 1 only  | ☐ Contingent   |                                       |
| [             | Debtor 2 only  | ☐ Unliquidated   |                                       |
| [             | Debtor 1 and Debtor 2 only   | ☐ Disputed   |                                       |
| Ī             | At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:   |                                       |
| _             | ☐ Check if this claim is for a community                             | ☐ Student loans  |                                       |
| C             | debt   | Obligations arising out of a separation agreement or div   | orce that you did not                 |
| _             | s the claim subject to offset?                                       | report as priority claims  | 4                                     |
| ı             | No   | $\square$ Debts to pension or profit-sharing plans, and other simil  | ar debts                              |
| [             | Yes  | Other. Specify Medical   | · · · · · · · · · · · · · · · · · · · |
| 1             | PA Dept of Revenue   |  | \$287.79                              |
|               | Nonpriority Creditor's Name  | Last 4 digits of account number  |                                       |
| E             | Bureau of Individual Taxes<br>PO Box 280504                          | When was the debt incurred?  |                                       |
| <u> </u>      | farrisburg, PA 17128   | _  |                                       |
|               | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  | •                                     |
|               |  | r  |                                       |
| · · · · · · · | Debtor 1 only  | ☐ Contingent   |                                       |
|               | Debtor 2 only  | ☐ Unfiquidated   |                                       |
|               | Debtor 1 and Debtor 2 only   | ☐ Disputed   | •                                     |
|               | At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:  ☐ Student loans  |                                       |
|               | Check if this claim is for a community lebt                          |  |                                       |
|               | s the claim subject to offset?                                       | <ul> <li>Obligations arising out of a separation agreement or divergent as priority claims</li> </ul>        | orce that you did not                 |
|               | No   | Debts to pension or profit-sharing plans, and other similar  | ar debts                              |
|               | Yes  | Other Specify PA Personal Income Tax   |                                       |
| .1            | PPL Electric Utilities   | Last 4 digits of account number 6018   | \$3,830.18                            |
|               | Inpriority Creditor's Name   | Last 4 digits of account number 6018   | 43,830.16                             |
| F             | O Box 9001845<br>ouisville, KY 40290                                 | When was the debt incurred?  | · · · · · · · · · · · · · · · · · · · |
| N             | lumber Street City State Zlp Code                                    | As of the date you file, the claim is: Check all that apply  |                                       |
| W             | Vho incurred the debt? Check one.                                    |  |                                       |
|               | Debtor 1 only  | ☐ Contingent   |                                       |
|               | Debtor 2 only  | ☐ Unliquidated   |                                       |
| Ľ             | Debtor 1 and Debtor 2 only   | ☐ Disputed   |                                       |
|               | At least one of the debtors and another                              | Type of NONPRIORITY unsecured claim:   |                                       |
|               | Check if this claim is for a community                               | ☐ Student loans  |                                       |
|               | ebt<br>s the claim subject to offset?                                | <ul> <li>Obligations arising out of a separation agreement or diversely report as priority claims</li> </ul> | •                                     |
| \ <u>.</u>    | <sup>™</sup> Ńo  | $\square$ Debts to pension or profit-sharing plans, and other similar  | ir debts                              |
|               | Yes  | Other. Specify Utility bill  |                                       |

| Debtor       | 1 Tadeusz Konopka   | Case number (if know) 5:18-bk-00  | 941        |
|--------------|---|---|------------|
| 4.1          | PPL Electric Utilities  |   | 40,000,00  |
|              | Nonpriority Creditor's Name   | Last 4 digits of account number   | \$3,000.00 |
|              | PO Box 9001845<br>Louisville, KY 40290                              | When was the debt incurred?   | -          |
| -            | Number Street City State Zlp Code                                   | As of the date you file, the claim is: Check all that apply   |            |
|              | Who incurred the debt? Check one.                                   | , , , , , , , , , , , , , , , , , , ,   |            |
|              | Debtor 1 only   | ☐ Contingent  |            |
|              | Debtor 2 only   | ☐ Unliquidated  |            |
|              | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
|              | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:  |            |
|              | ☐ Check if this claim is for a community                            | ☐ Student loans   |            |
| •            | debt Is the claim subject to offset?                                | ☐ Obligations arising out of a separation agreement or divorce that you did not   |            |
|              | _   | report as priority claims   | .'         |
|              | ■ No<br>—   | $\square$ Debts to pension or profit-sharing plans, and other similar debts   |            |
|              | Yes   | ■ Other. Specify Electric bill  |            |
| 4.1          | ··· ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-                             | <del></del>   |            |
| 5            | Professional Claims Bureau, Inc. Nonpriority Creditor's Name        | Last 4 digits of account number 7624  | \$0.00     |
|              | PO Box 9060   | When was the debt incurred?   | <b>`.</b>  |
|              | Hicksville, NY 11802  |   |            |
|              | Number Street City State Zip Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply   |            |
| J            | Debtor 1 only   | ☐ Contingent  |            |
| ı            | Debtor 2 only   | . Duliquidated  |            |
| _            | Debtor 1 and Debtor 2 only  | ☐ Disputed  | •          |
|              | ☐ At least one of the debtors and another                           | Type of NONPRIORITY unsecured claim:  |            |
| _            | ☐ Check if this claim is for a community                            | □ Student loans   |            |
| c            | debt Is the claim subject to offset?                                | Obligations arising out of a separation agreement or divorce that you did not report as priority claims                   |            |
| _            | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   | •          |
|              | □Yes  | Collecting for New York Preshyterian  |            |
| · L          | Tes .   | Other. Specify Hospital   |            |
| 4.1          | Staet Farm  | Last 4 digits of account number 0213  | \$336.26   |
|              | Nonpriority Creditor's Name   | <del></del>   | 7000-0     |
|              | PO Box 44110  | When was the debt incurred?   |            |
|              | Jacksonville, FL 32231<br>Number Street City State Zlp Code         | As of the date you file, the claim is: Check all that apply   |            |
|              | Who incurred the debt? Check one.                                   | As of the date you file, the claim is: Check all that apply   |            |
|              | Debtor 1 only   | ☐ Contingent  |            |
|              | Debtor 2 only   | ☐ Unliquidated  |            |
|              | Debtor 1 and Debtor 2 only  | ☐ Disputed  |            |
| _            | At least one of the debtors and another                             | Type of NONPRIORITY unsecured claim:  |            |
| L            |   | ☐ Student loans   |            |
|              | Check if this claim is for a community                              | □ Student loans   |            |
| C<br>d       | Check if this claim is for a community lebt steeps to offset?       | Student loans     Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
| [<br>d<br>is | lebt  | Obligations arising out of a separation agreement or divorce that you did not   |            |

|   | aceusz   | Konopka  |  | Case                                 | number (if know)  | 5:18-bk-00941  |                                 |
|---|--|--|--|--------------------------------------|---|--|---------------------------------|
| <i>,</i>  | al Card  |  | Last 4 digits of account number  | 2640                                 | )   |  | \$0.00                          |
| 5109  | 9 S. Bro   | ditor's Name<br>padband Lane<br>, SD 57108   | When was the debt incurred?  |                                      |   |  |                                 |
| Numb  | er Street  | City State ZIp Code the debt? Check one.   | As of the date you file, the claim   | is: Chec                             | k ali that apply  |  |                                 |
| ■ De  | ebtor 1 on   | ly   | ☐ Contingent   |                                      |   |  |                                 |
| □ De  | ebtor 2 on   | ly   | Unliquidated   |                                      |   |  |                                 |
| □ De  | ebtor 1 an   | d Debtor 2 only  | ☐ Disputed   |                                      |   |  |                                 |
| _   |  | of the debtors and another   | Type of NONPRIORITY unsecure   | d claim:                             |   |  |                                 |
| _   |  | is claim is for a community  | Student loans  |                                      |   |  |                                 |
| debt  |  | bject to offset?   | Obligations arising out of a sep report as priority claims   | aration aç                           | greement or divorce   | that you did not   |                                 |
| ■ No  | )  |  | Debts to pension or profit-shari   | ng plans,                            | and other similar de  | ebts   |                                 |
| · □ Ye  | es   |  | ■ Other. Specify Collecting  | for HS                               | BC Bank Neva  | da   |                                 |
| is trying to c<br>have more th  | collect fro<br>han one o   | m you for a debt you owe to son  | out your bankruptcy, for a debt that<br>neone else, list the original creditor in<br>you listed in Parts 1 or 2, list the add<br>submit this page.   | n Parts 1                            | or 2, then list the   | collection agency here. Si   | imilarly, if you                |
| is trying to c<br>have more th<br>notified for a<br>Part 4: Ad  | collect fro<br>han one d<br>any debts  | m you for a debt you owe to son<br>reditor for any of the debts that<br>in Parts 1 or 2, do not fill out or<br>mounts for Each Type of Uns   | neone else, list the original creditor in you listed in Parts 1 or 2, list the add submit this page.   | n Parts 1<br>itional cr              | or 2, then list the reditors here. If you                           | collection agency here. Si<br>u do not have additional p   | milarly, if you<br>ersons to be |
| is trying to c<br>have more th<br>notified for a<br>Part 4: Ad  | collect from the collec | m you for a debt you owe to son<br>reditor for any of the debts that<br>in Parts 1 or 2, do not fill out or<br>mounts for Each Type of Uns<br>certain types of unsecured clain   | neone else, list the original creditor in you listed in Parts 1 or 2, list the add submit this page.   | n Parts 1<br>itional cr              | or 2, then list the reditors here. If you                           | collection agency here. Si<br>u do not have additional p   | milarly, if you<br>ersons to be |
| is trying to c<br>have more the<br>notified for a<br>Part 4: Ad<br>. Total the am                             | collect from the collec | m you for a debt you owe to son<br>reditor for any of the debts that<br>in Parts 1 or 2, do not fill out or<br>mounts for Each Type of Uns<br>certain types of unsecured clain   | neone else, list the original creditor in you listed in Parts 1 or 2, list the add submit this page.   | n Parts 1<br>itional cr              | or 2, then list the<br>reditors here. If you<br>g purposes only. 26 | collection agency here. Si<br>u do not have additional p   | milarly, if you<br>ersons to be |
| is trying to c<br>have more th<br>notified for a<br>Part 4: Ad<br>. Total the am<br>type of unse              | collect from the collec | m you for a debt you owe to son<br>reditor for any of the debts that<br>in Parts 1 or 2, do not fill out or<br>mounts for Each Type of Uns<br>certain types of unsecured clain   | neone else, list the original creditor in you listed in Parts 1 or 2, list the add submit this page.   | n Parts 1<br>itional cr              | or 2, then list the<br>reditors here. If you<br>g purposes only. 26 | collection agency here. Si<br>u do not have additional p<br>B U.S.C. §159. Add the amo   | milarly, if you<br>ersons to be |
| is trying to c<br>have more th<br>notified for a<br>Part 4: Ad<br>. Total the am<br>type of unse              | collect from the collec | m you for a debt you owe to son<br>reditor for any of the debts that<br>in Parts 1 or 2, do not fill out or<br>mounts for Each Type of Uns<br>certain types of unsecured clain<br>im.  | neone else, list the original creditor in you listed in Parts 1 or 2, list the add submit this page.   | n Parts 1<br>itional cr<br>reporting | or 2, then list the<br>reditors here. If you<br>g purposes only. 26 | collection agency here. Si<br>u do not have additional p<br>B U.S.C. §159. Add the amo   | milarly, if you<br>ersons to be |
| is trying to c<br>have more th<br>notified for a<br>Part 4: Ad<br>. Total the am<br>type of unse              | collect from the collec | m you for a debt you owe to son<br>reditor for any of the debts that<br>in Parts 1 or 2, do not fill out or<br>mounts for Each Type of Uns<br>certain types of unsecured clain<br>im.  | neone else, list the original creditor in you listed in Parts 1 or 2, list the add submit this page.  secured Claim  ns. This information is for statistical in the secured company.   | n Parts 1<br>itional cr<br>reporting | or 2, then list the<br>reditors here. If you<br>g purposes only. 26 | collection agency here. Sind on the control of the  | milarly, if you<br>ersons to be |
| is trying to chave more the notified for a Part 4: Add. Total the am type of unse                             | collect from the collec | m you for a debt you owe to son reditor for any of the debts that in Parts 1 or 2, do not fill out or mounts for Each Type of Unscertain types of unsecured claim im.  Domestic support obligations  Taxes and certain other debts   | neone else, list the original creditor in you listed in Parts 1 or 2, list the add submit this page.  secured Claim  ns. This information is for statistical in the secured company.   | n Parts 1<br>itional cr<br>reporting | or 2, then list the<br>reditors here. If you<br>g purposes only. 26 | collection agency here. Sind on the control of the collection of t | milarly, if you<br>ersons to be |
| is trying to chave more the notified for a Part 4: Add. Total the am type of unse                             | collect from the collec | m you for a debt you owe to son reditor for any of the debts that in Parts 1 or 2, do not fill out or mounts for Each Type of Unscertain types of unsecured claim im.  Domestic support obligations  Taxes and certain other debts Claims for death or personal in   | neone else, list the original creditor in you listed in Parts 1 or 2, list the add submit this page.  secured Claim  ns. This information is for statistical in the secured company in  | n Parts 1 itional cr reporting 6a.   | or 2, then list the<br>reditors here. If you<br>g purposes only. 26 | collection agency here. Sind on the control of the  | milarly, if you<br>ersons to be |
| is trying to c have more tr notified for a  Part 4: Ad  Total the am type of unse  Total claims               | collect from an one connection of the Armounts of coured classification of the Armounts of the | m you for a debt you owe to son reditor for any of the debts that in Parts 1 or 2, do not fill out or mounts for Each Type of Unscertain types of unsecured claim im.  Domestic support obligations  Taxes and certain other debts Claims for death or personal in   | neone else, list the original creditor in you listed in Parts 1 or 2, list the add submit this page.  secured Claim  ns. This information is for statistical in the submit this page.  you owe the government by the submit  | reporting 6a. 6b. 6c.                | or 2, then list the<br>reditors here. If you<br>g purposes only. 26 | collection agency here. Sind on the control of the  | milarly, if you<br>ersons to be |
| is trying to c have more th notified for a  Part 4: Ad  Total the am type of unse  Total claims from Part 1   | oblication of control of the Article | m you for a debt you owe to son reditor for any of the debts that in Parts 1 or 2, do not fill out or mounts for Each Type of Unscertain types of unsecured claim.  Domestic support obligations  Taxes and certain other debts Claims for death or personal in Other. Add all other priority unse   | neone else, list the original creditor in you listed in Parts 1 or 2, list the add submit this page.  secured Claim  ns. This information is for statistical in the submit this page.  you owe the government by the submit  | reporting 6a. 6b. 6c. 6d.            | or 2, then list the<br>reditors here. If you<br>g purposes only. 26 | 0.00 0.00 0.00   | milarly, if you<br>ersons to be |
| is trying to chave more the notified for a Part 4: Add. Total the ame type of unse trom Part 1                | oblect from an one conny debts  Id the An ounts of cured cla  6a.  6b. 6c. 6d.  6e.  6f.   | m you for a debt you owe to son reditor for any of the debts that in Parts 1 or 2, do not fill out or mounts for Each Type of Unscertain types of unsecured claim im.  Domestic support obligations  Taxes and certain other debts  Claims for death or personal in Other. Add all other priority unse  Total Priority. Add lines 6a throughted  | neone else, list the original creditor in you listed in Parts 1 or 2, list the add submit this page.  secured Claim  ns. This information is for statistical in the submit this page.  you owe the government the submit the | reporting 6a. 6b. 6c. 6d.            | or 2, then list the reditors here. If you purposes only. 26         | 0.00 0.00 0.00 0.00 0.00 0.00  | milarly, if you<br>ersons to be |
| is trying to chave more the notified for a Part 4: Ad S. Total the ame type of unse from Part 1  Total claims | collect from an one conny debts and the Antonius of coured classes 6b. 6c. 6d. 6e. 6f. 6g.   | m you for a debt you owe to son reditor for any of the debts that in Parts 1 or 2, do not fill out or mounts for Each Type of Unscertain types of unsecured claim.  Domestic support obligations  Taxes and certain other debts Claims for death or personal in Other. Add all other priority unse  Total Priority. Add lines 6a through the second of the secon | neone else, list the original creditor in you listed in Parts 1 or 2, list the add submit this page.  secured Claim  ns. This information is for statistical in the submit this page.  you owe the government signry while you were intoxicated cured claims. Write that amount here.  ugh 6d.   | reporting 6a. 6b. 6c. 6d. 6e.        | or 2, then list the reditors here. If you purposes only. 26         | Claim  0.00  0.00  0.00  0.00  0.00  0.00  0.00  | milarly, if you<br>ersons to be |
| is trying to chave more the notified for a Part 4: Ad S. Total the ame type of unse from Part 1  Total claims | oblect from an one conny debts  Id the An ounts of cured cla  6a.  6b. 6c. 6d.  6e.  6f.   | m you for a debt you owe to son reditor for any of the debts that in Parts 1 or 2, do not fill out or mounts for Each Type of Unscertain types of unsecured claim.  Domestic support obligations  Taxes and certain other debts Claims for death or personal in Other. Add all other priority unse  Total Priority. Add lines 6a through the second of the secon | neone else, list the original creditor in you listed in Parts 1 or 2, list the add submit this page.  secured Claim  ns. This information is for statistical in you owe the government signry while you were intoxicated cured claims. Write that amount here.  Igh 6d.  | reporting 6a. 6b. 6c. 6d. 6f.        | or 2, then list the reditors here. If you purposes only. 26         | 0.00 0.00 0.00 0.00 0.00 0.00  | milarly, if you<br>ersons to be |

here.

Total Nonpriority. Add lines 6f through 6i.

|  |  |                           |   |   |                                     | ,                          |                           |
|--|--|---------------------------|---|---|-------------------------------------|----------------------------|---------------------------|
| Fill in this infor                             | mation to identify                     | your case:                |   |   |                                     |                            |                           |
| Debtor 1                                       | Tadeusz Kor                            |                           |   |   |                                     |                            |                           |
|  | First Name                             |                           | iddle Name                                | Last Name   |                                     |                            |                           |
| Debtor 2<br>Spouse if, filing)                 | Circle No.                             |                           |   |   |                                     |                            |                           |
| · • •  | First Name                             |                           | iddle Name                                | Last Name   |                                     |                            |                           |
| Inited States Ba                               | nkruptcy Court for                     | the: MIDDL                | E DISTRICT OF PE                          | NNSYLVANIA  |                                     |                            |                           |
| ase number (                                   | 5:18-bk-00941                          |                           |   |   | <del>.</del>                        |                            | -                         |
| if known)                                      | 2.10 2K 000-11                         |                           | <del></del>                               |   |                                     | Chapte if th               | io io on                  |
| <del></del>                                    | <u> </u>                               |                           | <u> </u>                                  |   |                                     | ☐ Check if th<br>amended f |                           |
|  |  |                           |   |   |                                     |                            | 9                         |
| Official Fo                                    | rm 106G                                |                           |   |   |                                     |                            |                           |
|  |  | ory Con                   | strooto on d                              | Hanna e e e e e e e e e e e e e e e e e e                         |                                     |                            |                           |
| oricaule<br>e se complete e                    | G. LACCUL                              | Ory Cor                   | itracts and                               | Unexpired Leas  | es                                  |                            | 12/15                     |
|  | ,                                      |                           | iber (ii kilowii).                        | it out, number the entries, a                                     | no attach it to                     | this page, On the to       | p or any                  |
| Do you have                                    | any executory co                       | ntracts or un             | expired leases?                           |   |                                     | ,                          |                           |
| ■ No: Check                                    | times box and file th                  | iis form with the         | e court with your oth                     | er schedules. You have nothi                                      | ing else to repo                    | rt on this form.           | - 2                       |
| iii res. Fiii m                                | an or the information                  | on below even             | if the contacts of lea                    | ses are listed on Schedule A/                                     | /B:Property (Off                    | icial Form 106 A/B).       | *>                        |
| List separate<br>example, ren<br>and unexpired |  | company witell phone). Se | th whom you have the the instructions for | the contract or lease. Then so<br>this form in the instruction bo | state what eacl<br>oklet for more e | h contract or lease i      | s for (for<br>y contracts |
| ·  |  |                           |   |   |                                     |                            |                           |
| <u> </u>                                       | ompany with who<br>Name, Number, Stree | m you have th             | ne contract or lease<br>P Code            | State what the contra   | act or lease is                     | for                        |                           |
| 2.1  |  |                           |   |   |                                     |                            |                           |
| Name   |  |                           | •   | <u> </u>  |                                     | **                         |                           |
| Number   | Street                                 |                           |   |   |                                     |                            |                           |
|  |  |                           |   | <i>:</i>  |                                     |                            | ,                         |
| City 2   |  | State                     | ZIP Code                                  |   |                                     |                            |                           |
| Name   |  |                           |   | <del></del>   |                                     |                            |                           |
|  |  |                           | •   |   |                                     |                            | •                         |
| Number :                                       | Street                                 |                           |   | <del></del>   |                                     |                            |                           |
| City   |  | Ctata                     | 7(0.0                                     | <del></del>   |                                     |                            |                           |
| .3   |  | State                     | ZIP Code                                  |   |                                     |                            |                           |
| Name   |  | <del>-; -</del>           |   |   |                                     | •                          |                           |
| - <del></del>                                  |  |                           |   |   |                                     |                            |                           |
| Number S                                       | Street                                 |                           |   | <del></del>   |                                     |                            |                           |
| City   |  | State                     | ZIP Code                                  |   |                                     |                            |                           |
| .4   |  | · <del>···</del>          |   |   |                                     |                            |                           |
| Name   | <u></u>                                | <del></del>               |   |   |                                     |                            |                           |
| Number   |  |                           |   |   |                                     |                            |                           |
| Number S                                       | Street                                 |                           |   |   |                                     |                            |                           |
| City   | ·                                      | State                     | ZIP Code                                  | = <del></del> _   |                                     |                            |                           |
| 5  |  |                           |   |   |                                     |                            |                           |
| Name   |  |                           |   | —   |                                     |                            |                           |
| Number S                                       | treet                                  | <del></del> -             | <u> </u>                                  | <del></del>   |                                     |                            |                           |
|  | ni Cot                                 | ž.                        |   |   |                                     |                            |                           |
| City   |  | State                     | ZIP Code                                  |   |                                     |                            |                           |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

|                             | ormation to identify your                                  | case:   |   |   |  |
|-----------------------------|--|---|---|---|--|
| Debtor 1                    | Tadeusz Konopk   | <del></del>                                       |   |   |  |
| Debtor 2                    | riist Name   | Middle Name                                       | Last Name   |   |  |
| (Spouse if, filing)         | First Name   | Middle Name                                       | Last Name   |   |  |
| United States I             | Bankruptcy Court for the:                                  | MIDDLE DISTRICT OF                                | PENNSYLVANIA  | .                                       |  |
| Case number                 | 5:18-bk-00941  |   |   |   | io   |
| (if known)                  |  |   |   |   | Check if this is an amended filing   |
| Official F                  | orm 106H   |   |   |   | amondod ming   |
|                             | e H: Your Cod  | obtoro  |   |   |  |
| <u> </u>                    | e ii. Toul Cou   | entors  | _ <u></u>   |   | 12/15  |
| 1. Do you                   | case number (if known)                                     |   | do not list either spouse as                              | s a codebtor.                           |  |
| ■ No<br>□ Yes               |  |   |   |   | *  |
| 2. Within th<br>Arizona, Ca | he last 8 years, have you<br>alifornia, Idaho, Louisiana,  | lived in a community pr<br>Nevada, New Mexico, Pa | roperty state or territory?<br>Jerto Rico, Texas, Washing | (Community propert                      | y states and territories include   |
| ■ No. Go te                 |  | ,   | ,   | jeon, and theodrom,                     |  |
|                             | your spouse, former spou                                   | ise, or legal equivalent live                     | e with you at the time?                                   |   | •  |
|                             |  | ,   | ,   |   |  |
| # mic = 49                  | ), Schedule E/F (Official                                  | unal person is a quaran                           | TOT OT COSIONET Make ou                                   | ra van boua lietad th                   | g with you. List the person shown<br>he creditor on Schedule D (Officia<br>Schedule E/F, or Schedule G to fi |
|                             | nn 1: Your codebtor<br>Number, Street, City, State and ZIF | Cådejjar jaka i jaka pi                           | · 特別 · 特別 · 高田 · 自由 · 自     | Column 2: The cre<br>Check all schedule | ditor to whom you owe the debt<br>s that apply:  |
| 3.1                         |  |   |   | ☐ Schedule D, line                      | •  |
| Name                        |  |   |   | Schedule E/F, li                        | ne   |
| Nimbo                       | Character  |   |   | ☐ Schedule G, line                      | ·  |
| Numbe<br>City               | r Street   | State   | ZIP Code  |   |  |
| 3.2                         |  |   |   | ☐ Schedule D, line                      |  |
| Name                        |  |   |   | Schedule E/F, line                      |  |
|                             |  |   |   | ☐ Schedule G, fine                      |  |
| Number<br>City              | Street   | Chata   |   |   |  |
| City                        |  | State   | ZIP Code  |   |  |

| G         | ill in this information to identify your o   | case:   |                                       |  |           |                |                        |                          |          |
|-----------|--|---|---------------------------------------|--|-----------|----------------|------------------------|--------------------------|----------|
|           | ebtor 1 Tadeusz Ko   | ·   |                                       |  |           |                |                        |                          |          |
| 1         | ebtor 2 pouse, if filing)  |   |                                       | -  |           |                |                        |                          |          |
| U         | nited States Bankruptcy Court for the  | : MIDDLE DISTRICT                                     | OF PENNSYLVANIA                       | <u>.                                    </u> |           |                |                        | -                        |          |
| 1         | ase number 5:18-bk-00941 known)  |   |                                       |  |           |                | ed filing<br>ent showi | ng postpetition          | chapter  |
| C         | Official Form 106I   |   |                                       |  | -         |                |                        | following date:          |          |
|           | Schedule I: Your Inc   | ome   | •                                     |  | ,         | MM / DD/       | YYYY                   |                          | 12/15    |
| sp<br>att | as complete and accurate as pos pplying correct information. If you ouse. If you are separated and you ach a separate sheet to this form.  The complete and accurate as possible as possible as possible accurate. | are married and not till<br>Ir spouse is not filing w | ing jointly, and you                  | r spouse                                     | is living | with you, inc  | lude infor             | mation about             | your     |
| 1.        | Fill in your employment information.   |   | Debtor 1                              | 11   |           | Debtor         | 2 or non-f             | iling spouse             |          |
|           | If you have more than one job,<br>attach a separate page with<br>information about additional  | Employment status                                     | ☐ Employed ■ Not employed             |  |           | ☐ Empl         | oyed<br>mployed        |                          | <u> </u> |
|           | employers.   | Occupation  | Retired                               |  |           | L 1101 6       | mpioyed                |                          |          |
|           | Include part-time, seasonal, or self-employed work.  | Employer's name                                       | Tiothou                               |  |           |                |                        |                          |          |
|           | Occupation may include student or homemaker, if it applies.  | Employer's address                                    |                                       |  | ;         | *              |                        |                          |          |
|           |  | How long employed to                                  | here?                                 |  |           |                |                        |                          |          |
| Рa        | rt 2: Give Details About Mon   | thly Income   |                                       |  |           |                |                        |                          |          |
| ·ρυ       | imate monthly income as of the da<br>use unless you are separated.   |   |                                       |  |           |                | ÷                      |                          |          |
| nor       | ou or your non-filing spouse have mo<br>re space, attach a separate sheet to   | re than one employer, co<br>his form.                 | ombine the information                | on for all e                                 | mployers  | for that perso | n on the li            | ines below. If yo        | ou need  |
|           |  |   |                                       |  | For       | Debtor 1       |                        | btor 2 or 🛶<br>ng spouse |          |
| 2.        | List monthly gross wages, salar deductions). If not paid monthly, c  | y, and commissions (be<br>alculate what the monthly   | efore all payroll<br>y wage would be. | 2.   | \$        | 0.00           | \$                     | N/A                      |          |
| 3.        | Estimate and list monthly overti   | ne pay.   |                                       | 3.   | +\$       | 0.00           | +\$                    | N/A                      |          |
| 4.        | Calculate gross Income. Add line   | e 2 + line 3.   |                                       | 4.   | \$        | 0.00           | \$                     | N/A                      |          |
|           |  |   |                                       |  |           |                |                        |                          |          |
|           |  |   |                                       |  | 10        |                |                        |                          |          |

| De  | btor 1                   | Tadeusz Konopka   | _                      |             | Cas             | se number (if known)                          | 5:              | 18-bk-00941                                    |          |
|-----|--------------------------|---|------------------------|-------------|-----------------|---|-----------------|--|----------|
|     | Cop                      | by line 4 here  | 4                      | 1.          | <b>F</b> i      | or Cebtor 1                                   |                 | or Deblor 2 or on-<br>on-filling spouse<br>N/A |          |
| 5.  | List                     | all payroll deductions:   | -                      |             |                 |   | •               | NA   |          |
|     | 5a.                      | Tax, Medicare, and Social Security deductions   | _                      |             | •               |   |                 |  |          |
|     | 5b.                      | Mandatory contributions for retirement plans  |                        | āa.<br>īb.  | `               | 0.00  | \$<br>\$        |  |          |
|     | 5c.                      | Voluntary contributions for retirement plans  |                        | DC.         | φ<br>\$         | 0.00  | \$              |  |          |
|     | 5d.                      | Required repayments of retirement fund loans  |                        | id.         |                 | 0.00  | \$              |  |          |
|     | 5e.                      | Insurance   |                        | e.          | \$              | 0.00  | \$              | N/A  |          |
|     | 5f.                      | Domestic support obligations  | 5                      | if.         | \$              | 0.00  | \$              |  |          |
|     | 5g.                      | Union dues  | 5                      | g.          | \$              | 0.00  | \$              | N/A  |          |
|     | 5h.                      | Other deductions. Specify:  | 5                      | h           | + \$            | 0.00  | + \$            | N/A  |          |
| 6.  |                          | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | - 6                    | i.          | \$              | 0.00  | \$              | N/A  |          |
| 7.  |                          | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7                      |             | \$_             | 0.00  | \$              | N/A  |          |
| 8.  | 8b.<br>8c.               | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependence regularly receive | 88<br>81<br>n <b>t</b> |             | \$_<br>\$_      | 0.00  | \$_<br>\$_      | N/A<br>N/A                                     | <i>x</i> |
|     |                          | Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  |                        |             |                 |   |                 |  |          |
|     | 8d.                      | Unemployment compensation   | 8c<br>8c               |             | \$<br><b>\$</b> | 0.00  | \$_             | N/A  |          |
| ÷   | 8e.                      | Social Security   | 86                     |             | -<br>\$         | 0.00<br>1,450.00                              | \$<br><b>\$</b> | N/A  |          |
|     |                          | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:   |                        |             | Ψ<br>\$         | 0.00  | Ψ <sub></sub>   | N/A  | -<br>i   |
|     | 8g.                      | Pension or retirement income  | 8g                     | J.          | \$              | 0.00  | \$              | N/A  |          |
|     | 8h.                      | Other monthly income. Specify:  | 8h                     | 1.+         | \$              | 0.00 +  | - \$            | N/A  |          |
| €.  | Add                      | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.                     |             | \$              | 1,450.00                                      | \$              | N/A  |          |
| 10. | Calcu<br>Add t           | ulate monthly income. Add line 7 + line 9. he entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.                    | \$_         |                 | 1,450.00 + \$                                 |                 | N/A = \$ 1                                     | ,450.00  |
| 11. | other                    | all other regular contributions to the expenses that you list in Schedular de contributions from an unmarried partner, members of your household, you friends or relatives.  ot include any amounts already included in lines 2-10 or amounts that are not fy:  | r depe                 |             |                 |   |                 |  | 0.00     |
| 2.  | Add t<br>Write<br>applie | he amount in the last column of line 10 to the amount in line 11. The rethal amount on the Summary of Schedules and Statistical Summary of Certals  | sult is<br>ain Liat    | the<br>bili | e com           | bined monthly inc<br>nd Related <i>Data</i> , | ome             | 12. \$ <b>1</b>                                | ,450.00  |
|     |                          |   |                        |             |                 |   |                 | Combine  | d        |

13. Do you expect an increase or decrease within the year after you file this form?

Yes. Explain:

monthly income

| ill in this inforr             | nation to identify y                                    | our case:                |   |  |  |  |  |
|--------------------------------|---|--------------------------|---|--|--|--|--|
| ebtor 1                        | Tadeusz Ko  | nopka                    |   |  | Chec   | k if this is:                          |  |
| ebtor 2                        |   |                          |   |  | _  | An amended filing                      |  |
| pouse, if filing)              |   | <del>.</del>             |   |  |  | A supplement shov<br>13 expenses as of | ving postpetition chap<br>the following date:  |
| nited States Bar               | nkruptcy Court for the                                  | : MIDDL                  | E DISTRICT OF PENNSY  | LVANIA   |  | MM / DD / YYYY                         | ·  |
| ise number                     | 5:18-bk-00941   |                          |   |  |  |  |  |
| known)                         |   |                          |   |  |  |  |  |
| official F                     | orm 106J  |                          |   |  |  |  |  |
| chedul                         | e J: Your   | Exper                    | nses  |  |  |  |  |
| formation. If<br>Imber (if kno | more space is ne<br>wn). Answer eve<br>cribe Your House | eded, atta<br>ry questio | . If two married people ar<br>ich another sheet to this<br>n.             | form. On the top of a                                  | ny additio   | nal pages, write y                     | our name and case                              |
| ■ No. Go                       |   |                          |   |  |  |  |  |
|                                | pes Debtor 2 live                                       | in a separ               | ate household?  |  | •  |  |  |
|                                | No  |                          | al Form 106J-2, <i>Expenses</i>   | : for Sanarata Housahi                                 | ald of Debt  | or 9                                   |  |
|                                | ve dependents?  | □ No                     |   | ror coparato riouscrio                                 | 70 OI DODA   |  |  |
| Do not list<br>Debtor 2.       | Debtor 1 and  | ■ Yes.                   | Fill out this information for each dependent                              | Dependent's relation<br>Debtor 1 or Debtor 2           | ship to  | Dependent's<br>age                     | Does dependent live with you?                  |
| Do not stat                    | te the  |                          |   |  |  |  | □ No   |
| dependent                      | s names.  | 1                        |   | Son  |  | 17                                     | ■ Yes  |
|                                |   | •                        | •   |  |  | •                                      | □ No   |
|                                |   |                          |   |  |  |  | □ Yes<br>□ No                                  |
|                                |   |                          |   |  |  | *                                      | ☐ Yes  |
|                                |   |                          |   |  |  |  | □ No   |
|                                |   |                          |   |  |  |  | ☐ Yes  |
|                                | xpenses include   |                          | No  |  |  |  |  |
|                                | of people other ti<br>nd your depende                   |                          | Yes   |  |  |  |  |
|                                | na your acpondo   |                          |   | •  |  |  |  |
| imate your                     | a date after the l                                      | our bankrı               | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp | ou are using this forr<br>lemental <i>Schedule J</i> , | n as a sup<br>check the  | pplement in a Cha<br>box at the top of | pter 13 case to repo<br>f the form and fill in |
|                                | ch assistance and                                       |                          | government assistance if<br>luded it on <i>Schedule I: Y</i>              |  | displayment at the control of the co | Your expe                              | enses lei≉iess                                 |
|                                | or home owners<br>and any rent for the                  |                          | ses for your residence. Ir<br>r lot.                                      | nclude first mortgage                                  | 4. \$  |  | 1,600.00                                       |
| If not inclu                   | rded in line 4:   | · - %                    | * *   |  |  | + - W                                  | 1 x  |
| 4a. Real                       | estate taxes  |                          |   |  | 4a. \$   |  | 0.00   |
| 4b. Prop                       | erty, homeowner's                                       | , or renter              | s insurance   |  | 4b. \$   |  | 0.00   |
|                                | e maintenance, re                                       |                          |   |  | 4c. \$   |  | 75.00  |
|                                | eowner's associat                                       |                          | •   |  | 4d. \$   |  | 20.00  |
| Additional                     | mortgage payme  | ents for vo              | ur residence, such as hor   | ne equity loans  | 5. \$  | **                                     | 0.00   |

|                 | Tadeusz Konopka   | Case num | nber (if known) | 5:18-bk-00941                |
|-----------------|---|----------|-----------------|------------------------------|
| 6. Utiliti      | ips:  |          |                 |                              |
| 6a.             | Electricity, heat, natural gas  | 6a.      | \$              | 300.00                       |
| 6b.             | Water, sewer, garbage collection  | 6b.      |                 | 0.00                         |
| 6c.             | Telephone, cell phone, Internet, satellite, and cable services  | 6c.      | ·               | 100.00                       |
| 6d.             | Other. Specify: cell  |          | ·               | 150.00                       |
|                 |   | 6d.      |                 |                              |
|                 | and housekeeping supplies   | 7.       | ·               | 500.00                       |
|                 | care and children's education costs   | 8.       | \$              | 0.00                         |
|                 | ling, laundry, and dry cleaning   | 9.       | ·               | 150.00                       |
|                 | onal care products and services   | 10.      |                 | 60.00                        |
|                 | cal and dental expenses   | 11.      | \$              | 0.00_                        |
|                 | sportation. Include gas, maintenance, bus or train fare.<br>ot include car payments.  | 12.      | \$              | 250.00                       |
|                 | tainment, clubs, recreation, newspapers, magazines, and books   | . 13.    | \$              | 0.00                         |
|                 | itable contributions and religious donations  | 14.      |                 | 0.00                         |
| 5. Insura       |   |          | Ť               |                              |
|                 | of include insurance deducted from your pay or included in lines 4 or 20.   |          |                 |                              |
|                 | Life insurance  | 15a.     | \$              | 0.00                         |
| 15b.            | Health insurance  | 15b.     | · ·             | 236.00                       |
|                 | Vehicle insurance   | 15c.     | ·               | 80.00                        |
|                 | Other insurance. Specify:   | 15d.     |                 | 0.00                         |
|                 | s. Do not include taxes deducted from your pay or included in lines 4 or 20.  | 150.     | Ψ               | 0.00                         |
| Speci           | fy:   | 16.      | \$              | 0.00                         |
|                 | Ilment or lease payments:   |          |                 |                              |
|                 | Car payments for Vehicle 1  | 17a.     | ·               | 0.00                         |
|                 | Car payments for Vehicle 2  | 17b.     |                 | 0.00                         |
|                 | Other. Specify:   | 17c.     | \$              | 0.00                         |
| 17d.            | Other. Specify:   | 17d.     | \$              | 0.00                         |
| 3. Your         | payments of alimony, maintenance, and support that you did not report as  |          |                 |                              |
|                 | cted from your pay on line 5, Schedule I, Your Income (Official Form 106I).   | 18.      |                 | 0.00                         |
| 9. Other        | r payments you make to support others who do not live with you.   |          | \$              | 0.00                         |
| Specif          | ,   | 19.      | *               |                              |
|                 | real property expenses not included in lines 4 or 5 of this form or on School   |          |                 |                              |
|                 | Mortgages on other property   | 20a.     | ·               | 0.00                         |
| 20b.            | Real estate taxes   | 20b.     | \$              | 0.00                         |
|                 | Property, homeowner's, or renter's insurance  | 20c.     | \$              | 0.00                         |
| 20d.            | Maintenance, repair, and upkeep expenses  | 20d.     | \$              | 0.00                         |
| 20e.            | Homeowner's association or condominium dues   | 20e.     | \$              | 0.00                         |
| i. Other        | : Specify:  | 21.      | +\$             | 0.00                         |
|                 | · · -   | — -··    |                 |                              |
|                 | late your monthly expenses  |          | _               |                              |
|                 | Add lines 4 through 21.   |          | <b>  \$</b>     | 3,521.00                     |
| 22b. C          | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |          | \$              | *                            |
| 22c. A          | Add line 22a and 22b. The result is your monthly expenses.  |          | \$              | 3,521.00                     |
|                 |   |          |                 |                              |
|                 | late your monthly net income.   |          |                 |                              |
|                 | Copy line 12 (your combined monthly income) from Schedule I.  | 23a.     | ·               | 1,450.00                     |
| 23b.            | Copy your monthly expenses from line 22c above.   | 23b.     | -\$             | 3,521.00                     |
| 220             | Subtract your monthly expenses from your monthly income.  |          |                 |                              |
| ۷٥٥.            | The result is your <i>monthly net income</i> .  | 23c.     | \$              | -2,071.00                    |
| For exa         | ou expect an increase or decrease in your expenses within the year after your expenses within the year after you ample, do you expect to finish paying for your car loan within the year or do you expect you cation to the terms of your mortgage? |          |                 | ase or decrease because of a |
| moainc          |   |          |                 |                              |
| modilic<br>■ No |   | 1.5      |                 |                              |

| ebtor 2 pouse if, filing) First Na nited States Bankruptcy ( ase number 5:18-bk-( known)  ficial Form 106D    | me<br>Court for the:<br>00941          | Middle Name  Middle Name  MIDDLE DISTRICT OF I | Last Name  Last Name  PENNSYLVANIA |                                | ☐ Check if this is an  |
|---|--|--|------------------------------------|--------------------------------|--|
| nited States Bankruptcy (ase number 5:18-bk-tknown)  fficial Form 106D  | Court for the:<br>00941                |  | Last Name                          |                                | ☐ Check if this is an  |
| nited States Bankruptcy (ase number 5:18-bk-(known)   | Court for the:<br>00941                |  |                                    |                                | ☐ Check if this is an  |
| sse number 5:18-bk-(nown)   | 00941                                  | MIDDLE DISTRICT OF I                           | PENNSYLVANIA                       |                                | ☐ Check if this is an  |
| ficial Form 106D  |  |  |                                    |                                | ☐ Check if this is an  |
| ficial Form 106D  | 200                                    |  |                                    |                                | ☐ Check if this is an  |
|   |  | <u></u>  |                                    |                                |  |
|   |  |  |                                    |                                | amended filing   |
|   | 100                                    |  |                                    |                                |  |
| a a la uati a sa A  | / <del>C</del> U                       |  |                                    | ,                              | ,  |
| eciaration #  | hout a                                 | n Individual                                   | Debtor's Sch                       | ·                              |  |
|   | toodt a                                | murviduai                                      | Deprors 2ch                        | eaules                         | · · · · · · · · · · · 1  |
| o married people are f  | iling together.                        | both are equally respon                        | sible for supplying correc         |                                | * 2  |
|   |  |  |                                    |                                |  |
| Sign Below  |  |  |                                    |                                |  |
|   | to pay someon                          | ne who is NOT an attorne                       | W to holp you fill and had         |                                |  |
| Did you pay or agree  | to pay someon                          | ne who is NOT an attorne                       | y to help you fill out ban         | kruptcy forms?                 |  |
|   | to pay someon                          | ne who is NOT an attorne                       | y to help you fill out bank        | cruptcy forms?                 | · · ·  |
| Did you pay or agree  | ,                                      | ne who is NOT an attorne                       | y to help you fill out ban         |                                | untou Datition Dunnanda Mati                                     |
| Did you pay or agree  | ,                                      | ne who is NOT an attorne                       | y to help you fill out ban         | Attach <i>Bankn</i>            | uptcy Petition Preparer's Noti<br>and Signature (Official Form 1 |
| Did you pay or agree  No  Yes. Name of per  | rson                                   | ;  |                                    | Attach Bankr<br>Declaration, a | and Signature (Official Form 1                                   |
| Did you pay or agree  No Yes. Name of perius  | rson                                   | ;  |                                    | Attach Bankr<br>Declaration, a | and Signature (Official Form 1                                   |
| Did you pay or agree  No Yes. Name of per  Under penalty of perjuthat they are true and of                    | rson<br>ry, I declare that<br>correct. | ;  | ry to help you fill out bank       | Attach Bankr<br>Declaration, a | and Signature (Official Form 1                                   |
| Did you pay or agree  No Yes. Name of per  Under penalty of perjuthat they are true and of X /s/ Tadeusz Kone | ry, I declare the correct.             | ;  | Ry and schedules filed w           | Attach Bankr<br>Declaration, a | and Signature (Official Form 1                                   |
| Did you pay or agree  No Yes. Name of per  Under penalty of perjuthat they are true and of                    | ry, I declare the correct.             | ;  | ry and schedules filed w           | Attach Bankr<br>Declaration, a | and Signature (Official Form 1                                   |
| You must file this form whobtaining money or proper years, or both. 18 U.S.C. §                               | enever you file                        | bankruptcy schedules                           |                                    |                                | ment, concealing propert<br>), or imprisonment for up            |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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